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ABSTRACT

Designed as one of a series of modules in consumer education this booklet focuses on health problems from the consumer angle. It is designed to supplement the comprehensive health strands published by the New York State Education Department, and to be used as materials for an elective course. The module is constructed so that the student can achieve the following objectives: be able to state major achievements and unsolved problems in the health field; know how to seek qualified medical care services; learn to eat wisely, and avoid the use of unnecessary food supplements; develop a healthy skepticism about advertising claims for over-the-counter drugs; cut costs in shopping for drugs; become familiar with government programs for medical care services; state how Federal agencies operate to provide consumer protection; use sources of consumer information in the health field; and give thoughtful consideration to proposals now being offered for change. (FDI)

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-one of a series for expanded program
CONSUMER EDUCATION

THE CONSUMER AND HIS HEALTH DOLLAR

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Secondary Curriculum Development
Albany, New York 12224
1972

ED 073959

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THE CONSUMER AND HIS HEALTH DOLLAR

-One of a Series in Expanded Programs
of Consumer Education

PRINTED THROUGH THE USE OF ESEA TITLE I FUNDS

The University of the State of New York/The State Education Department
Bureau of Secondary Curriculum Development/Albany 1972

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FOREWORD

The Consumer and His Health Dollar is one of a series of modules that are being prepared as an expansion of the State Education Department offering in the Consumer Education field. In 1967, the Department published "Consumer Education - Materials for an Elective Course." This material has since been introduced in more than 400 New York State high schools. At the suggestion of teachers in the field, additional areas of consumer competency are now dealt with.

Modules already published include:

Consumer Problems of the Poor
Consumer Issues and Action
Education and the Consumer
The Consumer and Recreation

Other modules in the expanded series will include:

Beauty Products and the Consumer
The Consumer and Transportation
The Consumer Looks at Automobile Insurance
The Consumer and His Tax Dollar

Unlike the original syllabus, where 12 units covering various phases of Consumer Education were bound together, the modules in Expanded Programs of Consumer Education are being prepared as separate publications to provide greater flexibility. Each of the nine modules in the series may be used as a discrete unit. The nine modules may be presented as a semester or part of a semester course, or presented in conjunction with the original syllabus which covers such areas as the purchase of food; shelter; appliances; automobiles; and a consideration of credit; money management; fraud, quackery, and deception; banking and savings; life and health insurance; security programs; and consumer law.

It is hoped that the presentation of the modules as separate publications will tend toward flexibility in their use as mini-courses in such fields as social studies, business education, home economics, industrial arts, agriculture, and other areas of the curriculum.

The suggestions to the teacher found in "Consumer Education — Materials for an Elective Course," pages 1-4, apply equally to each of these modules. The reaction and suggestions of those using these materials in the field will be helpful to the Department in planning further materials for Consumer Education and in making necessary revisions of the material.

As indicated, this module deals with health problems from the consumer angle. It is designed to supplement, not replace, the comprehensive health strands published by the State Education Department under the title: "Prototype Curriculum Materials for the Elementary and Secondary Grades." Each consumer education teacher should determine the scope of the consumer

health content that is included in his school in the required semester health course in grades 7 or 8 and the one-half unit course required in grade 10, 11, or 12. Unnecessary duplication of material should be avoided, but some reteaching and reinforcement may be needed with many students if the basic health knowledge and attitudes are to affect their behavior as consumers. In some cases, the consumer education teacher will find that adequate attention will have been given in the local health courses to some of the material included in this publication. If so, the focus should be on those areas that have not been covered. In a few instances, consumer health problems may have been omitted entirely or given minimum attention. In such instances, the class will profit from a major emphasis on these topics. It is important for all consumer education teachers to stress the consumer-related understandings rather than attempt to teach the health understandings that properly belong to the health education program.

This module was developed and written by Mrs. Elaine Klein, film strip editor in the consumer field and active in newspaper work. Hillis K. Idleman, associate in secondary curriculum development, directed the work, wrote additional materials, and prepared the manuscript for publication.

Appreciation is expressed to the following persons who reviewed this manuscript and made significant contributions to it:

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James Mendenhall, long-time consumer affairs expert and until his death assistant professor of home economics at Queens College of The City University of New York
Ross E. Gutman, supervisor of dental health education, Bureau of Health Service, State Education Department
James J. Quinlivan, M.D., director, Office of Public Health Education, New York State Department of Health

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School Supervision

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INTRODUCTION

Health care differs from other consumer services in a basic way. The consumer who pays for the service has very little choice of the kind and quality of care he receives. There is little opportunity to shop for price, and few channels for expressing consumer discontent. A doctor makes the important decisions on the kind of treatment and medication needed, and whether the patient should be treated in an office, a hospital, or at home. Often because of a shortage of doctors and hospitals, the patient has no choice at all. It has been said that there is probably no other area so vital to life in which the consumer exercises so little control.

For the disadvantaged, the problems of health care are compounded. In many cases they are not aware of the importance of regular medical checkups, proper nutrition, adequate dental care, avoidance of undue stress, and other good health practices. Even if all these factors are understood, often the disadvantaged are unable to afford the services of physicians and dentists, to say nothing of purchasing the food necessary to maintain healthy bodies. Even the affluent have trouble, what with the shortage of health personnel, in making appointments for medical and dental services. How much greater is the problem for the poor who, having never established a relationship with a physician or dentist, try in an emergency to secure assistance. No wonder the "emergency" room in many hospitals has become more of a health care center than a true emergency room. Indeed, it is often not an emergency room but a department "being utilized as the first step to getting into the mainstream of health care - - people just don't have family doctors to go to."* This module addresses itself to this problem of the shortage of qualified health care personnel and the allied problems that the consumer faces in expenditures for health.

American medicine is justifiably proud of its achievements in the prevention and treatment of disease. Preventive health care and new life-extending techniques have added years to the average life expectancy and all but wiped out many diseases. But America lags behind several other countries in the measurable achievements of health care, and many problems remain unsolved.

President Richard M. Nixon showed insight into the health care problem when he said in July 1969: "We face a massive crisis in this area and unless action is taken, both administratively and legislatively, to meet that crisis within the next two or three years, we will have a breakdown in our medical care system which could have consequences affecting millions of people throughout the country."

*Dr. Socrates Festin, Chief Emergency Physician , St. Peter's Hospital, Albany, New York.

The crisis is marked by rising costs, undersupply and overdemand for medical facilities and personnel, and inequality of care for the rich and poor. Minority groups in the central cities and people who live in rural areas suffer most from the unequal distribution of medical services. The goal of any medical program in the United States must be the best possible medical care for all. At the very least, no one should be deterred from seeking medical aid because of inability to pay for it.

Students should understand that there are different kinds of health insurance designed to provide protection against the high cost of health care. But in spite of health insurance, most families would be financially destroyed by prolonged or serious illness. By bringing the elderly, the poor, and the medically indigent into government programs, Medicare and Medicaid have substantially improved the situation of these groups. But the medical and health institutional care these groups receive still falls far short of national goals. The great bulk of people in the middle income category, too, are sorely in need of aid to meet the costs of major medical care.

Congress is now considering far-reaching reforms in our health care system. Some kind of comprehensive health insurance, with the cost shared by the Federal Government, employers, and employees, will probably be adopted. Students, as future voters, will have to make important decisions as to how this program should be administered for the greatest benefit of all and what the basic provisions of such a program should be.

What individual decisions will students have to make about health care? They should have guideposts for the selection of physicians, hospitals, nursing homes, and other health facilities. They should be aware of group practice and prepaid health care plans. They should know about proposals to improve the quality and lower the cost of health care by expanding training facilities to increase the supply of personnel and by using paraprofessionals in a variety of support jobs.

They should understand the basic rules of nutrition so that they can spend their money wisely by purchasing wholesome food, rather than wasting it on unnecessary vitamins and food supplements. They should understand how the giant drug companies can influence doctors to prescribe expensive drugs which are identical to cheaper ones on the market. They should be aware of the role of the Federal agencies in insuring the safety and efficacy of drugs, providing for full disclosure on labels, and policing the Truth in Prescription Drug Advertising law. They should know how the consumer can contribute to the effectiveness of the governmental agencies that are responsible for health protection. A familiarity with government programs will enable students to take advantage of the protection various plans afford in time of need.

The daily newspapers and current periodicals are excellent resources for keeping up with new developments in a rapidly changing field. For current material on health problems, students should be encouraged to consult the *Readers' Guide to Periodical Literature,* the *New York Times Index,* and other sources that are available in school and local public libraries.

As a result of the study of this module students should:

- be able to state the major achievements and unsolved problems in the health field
- know how to seek qualified medical care services
- learn to eat wisely, and avoid the use of unnecessary food supplements and vitamins
- develop a healthy skepticism about advertising claims for over-the-counter drugs and other self-prescribed aids to good health
- cut costs in shopping for drugs
- become familiar with government programs for medical care services
- state how Federal agencies operate to provide consumer protection
- use sources of consumer information in the health field
- give thoughtful consideration to proposals now being offered for change, and be prepared to express informed opinions on these matters

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT HAS AMERICAN MEDICINE ACHIEVED?		
. Affluent America is getting some of the best medical care in the world.	. Ask a physician to discuss the problems and achievements of medicine with the class. . Where possible, interview medical students and aides from foreign countries on the state of medicine in their country.	. American Medical Association, 535 North Dearborn St., Chicago, Ill. 60610, has pamphlets, displays, films, and publishes a monthly magazine, "Today's Health."
. Life expectancy has increased and infant mortality rates decreased.	. Look up life expectancy and infant mortality figures. Compare with 50 years ago and 100 years ago. . How old are students? What year were they born? What is their expected life span?	. World Almanac . New York Times Encyclopedic Almanac
. Victory has been gained over many diseases through preventive care. For example, polio has been all but wiped out by preventive health programs.	. Report on new advances in the conquest of disease, e.g., cancer, leukemia, heart disease.	. Specialized agencies such as American Cancer Society, 219 East 42d Street, New York, N.Y. 10017, and New York State Heart Assembly, New York City, supply films, booklets, newsletters, displays.
. Outstanding technology is available in some hospitals. More than 700 hospitals are now equipped to do open heart surgery. Many have intensive care units, facilities for heart transplants, and expensive life-saving machines.	. Visit your local hospital. What facilities and equipment does the hospital have? What does the hospital administrator feel is still needed? . List medical facilities in your community. Include hospitals, clinics, research laboratories, etc. How well do you think the community is served?	. Fortune Magazine, January 1970 . Hospital public relations pamphlets

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Medicare and Medicaid have made medical care available to many more people.	. Ask a hospital administrator to discuss how Medicare and Medicaid have solved some problems and created new ones.	. Social Security Administration will provide a teaching kit containing wall charts and pamphlets on Medicare. . Local and State Department of Social Services will supply information on Medicaid.
WHAT PROBLEMS REMAIN TO BE SOLVED IN THE FIELD OF MEDICINE? . Although the average life span in the U.S. has increased, it does not compare well with some European countries. Life expectancy in the United States is less than that of several other nations. Infant mortality rates are higher in the U.S. than in 13 other countries.	. Compare life expectancy and infant mortality rates of the United States with other countries. How do students account for the fact that a rich nation does not rate better in this comparison?	. World Almanac . New York Times Almanac . "If you are a man living in the U.S., you can expect to live a shorter life than men in 16 other nations; and the women in 13 other countries live longer than do U.S. women." Everybody's Money, Cuna International, Madison, Wisconsin

INFANT MORTALITY — The Declining U.S. Position

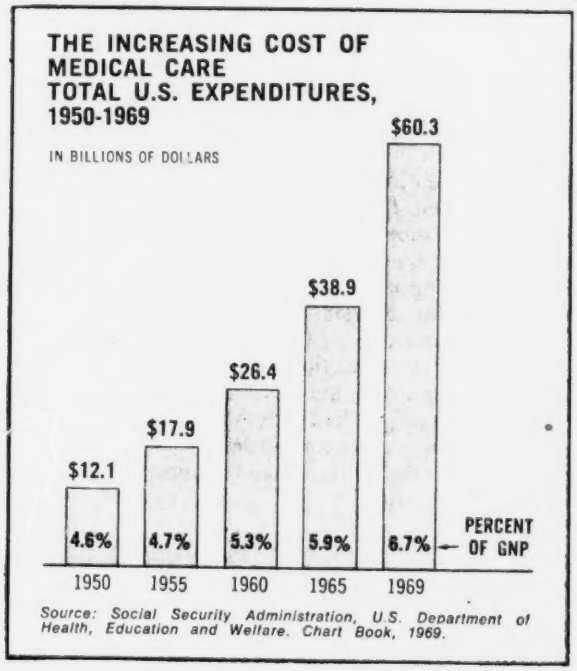
1950	1960	1967		
		SWEDEN	12.9	← DEATHS PER 1,000 LIVE BIRTHS
		NETHERLANDS	13.4	
		FINLAND	14.2	
		NORWAY	14.6	
6TH PLACE		JAPAN	15.0	
UNITED STATES		DENMARK	15.8	
		SWITZERLAND	17.5	
		NEW ZEALAND	18.0	
		AUSTRALIA	18.3	
	11TH PLACE	UNITED KINGDOM	18.8*	
	UNITED STATES	FRANCE	20.6	
		EAST GERMANY	21.2	
		CANADA	22.0	
	14TH PLACE →	UNITED STATES	22.1	

** The World Health Organization separates England and Scotland and other reckonings include Iceland, which the UN excludes because it is less than 1 million population. With Scotland and Iceland included, the U.S. ranks 18th.*

Source: 1950 and 1960 rates from Demographic Yearbook, Statistical Office of the United Nations. 1967 rates from Population and Vital Statistics Report, United Nations, 1969.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Minority groups fare badly in health care. In some areas, the chance of a black infant surviving birth is only half as good as for a white infant in the same city. In New York City, the infant death rate is: - Whites – 20 per 1,000 live births - Puerto Rican – 30 per 1,000 live births - Blacks – 40 per 1,000 live births	• Compile information on the kind of facilities students' mothers had in childbirth – clinics, hospitals, others. Ask mothers to discuss how adequate their care was. What suggestions do mothers and community leaders have for improving the situation?	• Almanacs • Social workers • Physicians • "Studies by the Columbia University School of Public Health and Administrative Medicine in 1962 and 1964 concluded that in 43 percent of the cases studied, treatment for people in the New York City area was less than good and 23 percent of the cases were labeled poor." Everybody's Money, Cuna International, Madison, Wisconsin
• The overall U.S. infant death rate is 22.1 per 1,000 live births for whites, 41.1 for nonwhites.		
• Services are unequal for rich and poor, for rural and urban areas. In 1967, New York State had 200 physicians for each 100,000 residents. Mississippi had 69. Doctors are scarce in the central city and in rural areas, concentrated in the suburbs.	• Investigate special medical programs for the poor.	• Office of Economic Opportunity • "A Stir of Hope in Mound Bayou," Life magazine, March 28, 1969 • Current newspapers and magazines
• There is an increasingly impersonal relationship between physician and patient due to the shortage of general practitioners.	• Poll students to find out if they have received medical care from a pediatrician, internist, general practitioner, clinic, group health office.	• Sanders, Marion K., "The Crisis in American Medicine"
• There is a shortage of physicians and medical schools.	• Ask a guidance counselor to discuss opportunities for medical training.	. Lovejoy, Clarence, "Lovejoy's College Guide"

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Health costs are increasing. In 1969, our total health budget was $60.3 billion. In 1960, it was $26.4 billion and in 1950, $12.1 billion.		• American Medical Association American Osteopathic Association Medical Society of the State of New York New York State Osteopathic Society • Fortune, January 1970



• There is a lack of preventive health care. There is a need for more adequate medical and dental checkups, preventive medicine, and immunization programs. There is a need for early diagnosis with increased chance of cure. (Glaucoma can be detected by a simple, painless	• Question students on family preventive health measures. What are local facilities for Pap smears, inoculations, TB tests? How many students and their families have utilized the preventive health services available? Why do people not always use these facilities? How could use be increased?	• American Medical Association • Local hospitals • Health organizations for cancer, TB, etc. • Health Insurance Institute, 277 Park Ave., New York, N.Y. 10017

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
test. "Pap" test for uterine cancer has saved many lives.)		. New York Times, May 31, 1971
. A continuing high toll exists for curable diseases like tuberculosis because positive tests for the illness are not always followed up with treatment.	. Have pupils survey their own family situations. How many feel they get adequate medical care? If it is not adequate, what are the causes? too few doctors and nurses? indifference of patients? high cost? What suggestions do class members have to overcome these difficulties?	
. There is unresponsiveness or inability of physicians and hospitals to cure or control "socially unattractive" and widespread behavior-caused illnesses like alcoholism, narcotics addiction, and venereal diseases.		
. Malnutrition can be so severe that it results in cases of near-scurvy among the aged poor and rickets and gross physical underdevelopment among the young poor.		
. There are still many unsolved problems of disease. In spite of great advances, the medical profession has yet to cure cancer, to eradicate heart disease, or for that matter, to cure the common cold.	. Discuss latest advances in conquest of disease.	. Recent newspapers and periodicals
HOW HAS THE GROWTH OF SPECIALIZED MEDICINE LED TO A CHANGE IN THE RELATIONSHIP BETWEEN PHYSICIANS AND THEIR PATIENTS?		. Potter, William H., M.D., "You and Your Doctor," Duell, Sloan, and Pearce, New York

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• There has been a decline in the number of family doctors and general practitioners who established close relationships with patients.	• What is the pupils' reaction to the following: "A Federal study commission in 1969 found that millions of Americans primary health care is a long bus ride, two hours on a hard bench, impersonal treatment, and perhaps at the end of it all a referral to another time and place involving another bus and another bench."	• Sanders, Marion K., "The Crisis in American Medicine," Harper & Bros., New York
• The decline has been caused by a rapid increase in medical knowledge and the need to concentrate on a smaller field to be expert, as well as greater financial return in specialized fields.	• Name some of the common medical specialties. Make a list of those specialties used by families of class members.	• "There is no shortage of super-specialists such as they have in great medical centers — heart surgeons, neurosurgeons, and the like. There is hardly a shortage of intermediate-care specialists such as pediatricians, internists, and allergists. But 25 to 40 million people live where they do not have access to a primary-care physician, or general practitioner. There is a 90 percent deficit in family medical care, yet 90 percent of the doctors have been going into specialty practice." Dr. James Dennis, dean of the University of Oklahoma Medical School
• To increase their efficiency, some physicians have turned to group practice, in which several doctors, including specialists, share office space, instruments, and medical know-how. But sometimes a warm personal doctor-patient relationship is lost in achieving efficiency.	. Ask a physician in group practice to discuss advantages and disadvantages of such practice so far as consumers are concerned.	
HOW DO YOU SELECT A PHYSICIAN?	• Show film, "Choosing a Doctor," McGraw-Hill, 330 West 42d Street, New York, N.Y.	• "The Medicine Show" Consumers Union, Mt. Vernon, N.Y.
. The need for a physician as medical advisor may lead consumers to a general practitioner, internist, or a group health plan.		• New York Magazine, June 14, 1971

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Base your selection of a physician on professional advice, if possible. A friend's recommendation is not as valuable as that of another physician.	. Investigate how students' families chose their physicians.	. The American Medical Association and the American Osteopathic Association will supply lists of qualified physicians in the area as will the State Medical and State Osteopathic Societies.
. A physician's office should be reasonably near your home in case of emergency.		
. Ask the physician you are considering about his fees. Physicians are sometimes willing to adjust their fees for needy patients.		. A local hospital or medical school will often supply recommendations.
. Check to see if there is a comprehensive medical plan in your area which might serve your needs better than a private practitioner.		. Group Health Association of America, 1717 Massachusetts Ave., N.W., Washington, D.C. 20036
. A physician may, in turn, refer you to any one of a number of specialists. Some well known specialists are: surgeon obstetrician gynecologist pediatrician psychiatrist neurologist dermatologist ophthalmologist cardiologist	. Ask each student to define the various specialties in his own terms and have other students add to the list. Illustrate the function performed by each specialist by a clipping or cartoon. . Ask a specialist to talk to the class about recent advances in his field. . Ask students to investigate one specialty and report to the class on it.	. American Medical Association and New York State Osteopathic Society . Each specialty of medicine has its own organization which can supply specialized information. . "Money Management: Your Health Dollar," published by Household Finance, 919 N. Michigan Ave., Chicago, Ill.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
HOW DO YOU SELECT A DENTIST?	. Discuss why checkups are a vital part of dental health.	. Dentists in the community
. Call the office of local dental society and ask for the names of qualified family dentists.	. List dental specialties. Illustrate what each specialist does by clippings, pictures, or cartoons.	. American Dental Association, 222 East Superior St., Chicago, Ill.
. Ask the chief of dental service at a nearby hospital to recommend a dentist.	. Ask a dentist to discuss preventive dentistry. Why, for instance, is it important to take care of "baby" teeth?	. New York State Dental Association
. Ask the family physician to recommend a dentist.		
HOW SERIOUS IS THE NEED FOR DENTAL CARE?	. Ask local dentists or supervising dentists to cooperate in helping the class develop a questionnaire to survey the prevalence of dental disease experience, including the need for fillings, extractions, orthodontic care, and preventive services. Use random sampling techniques with representative groups from different socio-economic levels in the community.	. "A Guide: Design for teaching dental health in Florida schools" — Bulletin 7 State Department of Education, Tallahassee, Fla.
. Dental disease is the most widespread chronic affliction requiring professional treatment. Less than 5 percent of the public remain free of dental caries; almost everyone loses teeth in a characteristically accelerated and premature aging process.		. "Dental health for teachers of Tennessee," Tennessee Department of Education, Nashville, Tenn.
. Dental surgical operations involving cutting or extracting tooth structure are common experiences that most people experience many times during their lifetime. A child of 15 may have had a dozen such operations and require prosthetic devices such as splints, space maintainers, or other "oral crutches."	. Assign a project to monitor television commercials at specific times of the day and week, and to prepare a chart comparing types and frequencies of dental product advertising.	. U.S. Public Health Service, National Institutes of Dental Health, Bethesda, Md. (pamphlets):"Pyorrhea," "Dental Decay," "Healthy Teeth," etc.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Comprehensive dental care has the highest dental priority in national health programs. Recommended services include: dental health education; treatment of emergencies and infection; preventive care; early corrective treatment and replacement, including orthodontics.	. Simulate, through class role playing, a community problem concerned with controlling dental disease by planning a comprehensive protection program. Organize a committee of students with advisors from the dental profession, dental hygiene teacher, and health teacher. Set up priorities according to services and ages, but consider how all children might get maximum benefits from available resources at minimal costs.	. American Dental Association: "A Dental Health Program for Children" (booklet). "Smoking Can Ruin Your Smile" (pamphlet) . N.Y. State Association of Supervising Dentists for Schools: (audiotape) "Organized Dentistry Endorses School Dental Health Education Programs," State Education Department, Albany, N.Y.
. Age priorities start with early prenatal life: the proper diet of the pregnant woman, the child's first dental visit at 2 years of age, and continue with at least annual dental examinations during preschool, school years, and throughout adulthood.	. Ask pupils to prepare compositions with the theme of dental health and personal development. Suggest possible problems relating to health and performance of children with neglected needs in dental care.	. American Medical Association, Chicago, Illinois (booklet) -- "Nutrition in Tooth Formation and Dental Caries"
. Dental health influences physical stamina, mental alertness, personality and emotional changes. The school period is a critical time to prepare the pupil with factual dental knowledge and skills.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT ABOUT DENTAL CARE FOR NEEDY PERSONS? . Dental care for needy families is of growing concern to dentists and public health administrators. Educators recognize that children with neglected mouths may be disadvantaged to the extent that broken or decayed teeth are disfiguring and add to speech, as well as other, health problems. . Many communities have facilities to provide care in hospital dental clinics or public health centers. This care may vary from emergency aid only to complete treatment for children and adults. Medicaid programs also make treatments possible for qualified families in the dentist's private office. . Welfare programs provide for dental care for eligible recipients of aid for dependent children, aid to the blind, the disabled, and the aged.	. Contact your local dental organization for professional policies on providing dental care for underprivileged children. . Invite an administrator from a nearby health center or hospital to describe available dental facilities and care for eligible children. . Ask the school supervising dentist or dental hygiene teacher what procedures are required in order for children to be screened to receive necessary dental care, including orthodontics. . Have the class prepare letters to: - U.S. Department of Health, Education, and Welfare, Public Health Service, Washington, D.C. - N.Y. State Civil Service Commission, State Campus, Albany, N.Y. - N.Y. State Health Department, Holland Avenue, Albany, N.Y. Letters should request information about: - dental health resources in the country as a whole and New York State in particular - dental health careers - publicly and privately sponsored dental health plans	. District Dental Society, Council on Dental Health: Community dental health resources available to needy families . Local health agency or State Health Department. Information on medical rehabilitation programs . New York State Education Department Information Bulletin: "Dental Health Services for Handicapped Children" . "Policies on Assisting in Developing Public Dental Care Facilities for the Poor -- through Community Action or other programs," N.Y. State Health Planning Council, N.Y. State Department of Health, Holland Avenue, Albany, N.Y. For further information on proposed health insurance legislation and plans, write to: Health Insurance Institute, 277 Park Ave., New York, N.Y. 10017 Associated Hospital Service of New York, 80 Lexington Ave., New York, N.Y. 10016

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Current Federal legislation promises further support of dental services for eligible persons. . The Associated Hospital Services of New York offers an insurance plan for preventive dental care of children. . Private industry and school health organizations are cooperating in joint programs such as the "March Against Dental Disease" to help poverty-level children find resources and obtain essential dental health care.		Colgate Professional Services Department, Colgate-Palmolive Co., 740 North Rush St., Chicago, Ill. 60611 American School Health Association, 107 South DePeyster St., Kent, Ohio 44240 Group Health Dental Insurance, Inc. of N.Y., 227 West 40th St., New York, N.Y.
WHAT PROGRESS IS BEING MADE IN DENTAL CARE? . Dental research is making progress in control of dental disease. Fluoridation of public drinking water has already benefited millions of people by controlling decay of teeth. Topical fluoride prophylaxes in schools and clinics also have limited protective value. . Scientists are working in laboratories on adhesives that may prevent food debris from entering tooth structures. Antibiotics and antiseptics are being	. Provide opportunities for the supervising dentist or dental hygiene teacher to give background information on current progress in research institutions. . Invite representatives from the State Education Department, Health Service Unit, or local health agency, to discuss the benefit of fluorides in controlling dental caries. . Plan a class project in which student groups contact national and State sources to obtain up-to-date information and materials on dental research progress.	. <u>New York State Education Dept.</u> - Information bulletins (Pupil Personnel Services) - Health education curriculum guides - Annotated bibliography "Educating the Disadvantaged Child" (Office of E.S.E.A. Coordinator) - Health Education Aids In Dentistry (audiotapes) (Regional Communication Centers) - HEAD-1: Role of School - HEAD-2: Personal Development - HEAD 3: Joint Responsibility

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
studied to determine their values in controlling caries-producing bacteria. . New techniques of plaque control on tooth surfaces give promise of help in saving teeth and stopping gum diseases.	. Have students design a performance test for their classmates on the subjects of food preferences, understanding of fluoridation, and oral hygiene practices.	• American Dental Association: - "You Can Teach Toothbrushing" (pamphlet) - "Your Child's Teeth" (booklet) • American Medical Association: - "Nutrition in Tooth Formation and Dental Caries" (booklet) • U.S. Public Health Service, Washington, D.C. - "Healthy Teeth" (booklet) - "Research Explores Dental Decay" (booklet)
WHAT ABOUT DENTAL MISINFORMATION? . The consumer should be cautious both about advertising claims for dentifrices and toothbrushes and folklore about dental care. Inaccurate information and misunderstandings spread easily from neighbor to neighbor about: - effects of popular brands of dentifrices in preventing oral ills - effects of fluoride chemicals in drinking water on dental health, on appearance of teeth, on odor and palatability of water	. Assign a project to a student task group to determine their families' and neighbors' knowledge of oral health care. Include questions such as: - Can smoking ruin your smile? - What foods in particular help to breed caries-producing germs? - How does a dental plaque form? - How often should dental floss or tape be used? - Is the condition of your toothbrush a factor in proper tooth care? . Have pupils design a home guide to dental care. . Invite local dentists to present "table clinics" of dental techniques and materials, and to discuss roles of the local dental	• Gutman, Ross, "Why Dental Health Education?" Clinical Pediatrics, 10:11, Nov. 1971, pp. 669-671 • Gutman, Ross, "School Programs Need 'Teeth'," Journal of School Health, 41:9, Nov. 1971, pp. 505-506 • New York State Health Dept., Albany - catalog of audiovisual aids - pamphlets on fluoridation - "Kit Goes to the Dentist" (booklet)

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
- the fact that the 6-year molars are permanent teeth, not deciduous, and are important to the normal eruption of the permanent teeth and to the development of the dental arch - development of tooth decay during pregnancy - association of pain or lack of pain with dental disease - costs of taking preventive care as compared to corrective and rehabilitative treatments of teeth.	society in helping to select a family dentist. . Arrange for interested students to visit dental offices and clinics to observe the profession in action. . Ask students for their understanding of: - the costs of correcting dental neglect such as allowing tooth decay to extend to many tooth surfaces, requiring extensive repair and even possible extraction and replacement. Remind pupils that the price of neglect also includes impairment of chewing ability, appearance, and possible peer relationships. Have them compare these costs with the cost of annual examinations and prophylaxes. - the effects of popular brands of dentifrices in preventing dental ills. Have pupils prepare a letter to the Federal Trade Commission in Washington, D.C., asking about the authenticity of advertising claims of some toothpaste and denture cleaner manufacturers. - the treatment they believe general dental practitioners give to their patients. Do they understand the preventive role played by the dentist?	. American Dental Association, 211 East Chicago Ave., Chicago, Ill. - catalog of audiovisual materials - "Teaching Dental Health" (booklet) - "Dental Health Programs for Schools" (booklet) . American Medical Association, 535 Dearborn St., Chicago, Ill. - catalog on health education - newsletters . Langleben, Tina, "The New Preventive Dentistry," Today's Health, Jan. 1972, p. 32 . National Congress of Parents and Teachers, 700 North Rush St., Chicago, Ill. - "Keeping Children Healthy" (booklet) . National Dairy Council, 111 North Canal St., Chicago, Ill. 60606 - "Nutrition News Digest" - "How Teeth Grow" (booklet)

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT ARE THE ALTERNATIVES TO HOSPITAL CARE?	. Find out what kind of facilities exist in your area to supply home nursing and household help for the ailing, as alternatives to hospital care.	. Community newspapers . "You and Your Doctor" by Potter, William H., M.D. . In Syracuse, N.Y., the County Health Planning Council reported recently that one in four patients should not have been hospitalized and instead should have received "various levels of home care, out-patient, clinic, or nursing home care."
. Don't go to a hospital unless it is really necessary. Ask your physician if the same services could be provided at an office or at home.		
HOW HAS THE SHORTAGE OF DOCTORS FORCED THOSE NEEDING MEDICAL CARE TO USE HOSPITAL EMERGENCY ROOMS FOR NONEMERGENCY NEEDS?	. Discuss what each pupil's family does when a doctor is needed. What proportion have a family doctor whose services are available?	. "Emergency Room Crisis Plagues Capitaland Hospitals," Albany Times-Union, Sept. 23, 1971
. Many people have no family doctor or find their family doctor so busy that they turn to the hospital emergency room for non-emergency services.	. What proportion can count on the family doctor only if a real emergency develops? What proportion have to use the out-patient or emergency room of a hospital?	
. The use of hospital emergency rooms for routine care began as a result of the shortage of family doctors.	. Put on a skit to illustrate pupils' experiences in the emergency room. (Suggestions for dramatization: the lack of seats, the mixture of real emergency cases with nonemergency cases, the impatient patient, the domineering mother, the howling child, the blasé nurse, the interminable forms	
. It was compounded by unequal distribution of those doctors available; the poor and those in rural areas suffer most as a result of the shortage of medical personnel.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The tendency of doctors to specialize has further reduced the number of doctors available for general treatment. . Patients who formerly went to their family doctor for treatment now rely on the emergency room of a hospital for both routine and emergency services.	to be filled out, the harried doctor, the patient resignation of the elderly.) . Ask the school nurse, school physician, or a hospital administrator to describe the change in the nature of the cases cared for in the emergency room. What solution does he or she offer to the problem hospitals and patients are facing due to the lack of private medical care?	. School nurse . School physician . Hospital administrator
. One of the problems that arises in the use of emergency rooms for routine cases is the lack of continuity of care.	. What is meant by "continuity of medical care"? Why would such continuity be unavailable in the emergency room? Why is continuity of care important?	. Hospital administrator . School physician
. One solution to the problem of having a full-time physician on duty at all times who knows about emergency care is the provision of a medical emergency service on a contract basis. The capitol district, for example, has a group of local physicians who provide 24-hour service for three hospitals.	. What solutions does the class have to the problem of providing better continuity of service? (a family care center? a motel or other separate building near a hospital where ambulatory patients could receive 24-hour medical services as needed without being admitted as regular hospital patients? health care plans to cover both preventive and remedial health needs?)	. Dr. Michael Blase, Medical Emergency Associates, Memorial Hospital, Albany, N.Y.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
HOW DO YOU SELECT A HOSPITAL?	• Investigate your local hospital. Is it accredited? If so, a certificate is usually displayed in the lobby.	• Commission on Accreditation of Hospitals, 200 East Ohio St., Chicago, Ill.
• The hospital should be accredited by the Joint Commission on Accreditation of Hospitals.		• American Medical Association and the American Osteopathic Association
• Is the hospital affiliated with a medical school, and does it have a "teaching" program for training personnel?		
• Some medical experts recommend the use of a voluntary, nonprofit community hospital rather than a privately owned or proprietary hospital.	• If both kinds of hospitals exist in your community, investigate and compare costs and facilities.	• "The Medicine Show," Consumers Union, Mt. Vernon, N. Y.
WHAT CAN PEOPLE DO TO IMPROVE THE CONDITIONS OF HOSPITALS?	• Investigate volunteer activities.	• Hospital public relations offices
• One of the major problems in hospitals is loneliness. Most hospitals have volunteer programs to distribute books and provide other services for patients.	• Encourage students to volunteer their services at local hospitals (e.g., as nurses' aids).	• Hospital auxiliaries . Hospital annual reports
	• Have "Candy Stripers" (volunteers who wear distinctive red and white striped uniforms) describe the kinds of service they render and the satisfactions this service yields.	
• If there is no hospital in your community, and one is needed, consider organizing a community drive to raise funds for one.	• Investigate how other community hospitals got their start.	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Investigate the funding of hospitals. The administrator will provide information regarding the source of funds to provide hospital care or this information may be available in the annual report.	. Discuss the various source of funds to support hospitals: Federal, State, local, gifts, and fees. If the funding is inadequate, from what source or sources should additional funds come?	. Hospital administrator . Hospital Survey and Planning Commission of New York State
WHAT HEALTH SERVICES ARE AVAILABLE AT REASONABLE OR NO COST? • Treatment clinics and outpatient departments of many hospitals provide a variety of services for the "medically indigent" and the poor. A "medically indigent" person can support himself except for prolonged medical care. • District health centers of county or city health departments provide a variety of preventive clinics and health instruction for residents of the area. • Armed forces and veterans' hospitals operated by the Federal Government provide services to members, past or present, of the armed forces. • Preventive clinics of public and voluntary health agencies help to obtain early diagnosis of diseases such as cancer, tuberculosis, diabetes.	• Investigate special health services serving the poor and "medically indigent" in your community. Do the services adequately meet the needs of the community? What other services are needed? How should they be provided? Who should pay for them?	• Social worker • Physician • Community welfare worker . Local health department

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Special mobile units are often set up for X-rays and other disease detection tests. • Industrial health services are sponsored by industry to safeguard the health of employees. • Labor unions sponsor health facilities for union members and their families. • Dental clinics are administered by dentistry schools and community health groups. Mobile dental units serve some rural areas. • Eye clinics associated with medical schools and hospitals or local eye doctors provide examinations and prescribe glasses. • Prenatal clinics give medical care to expectant mothers. • A variety of clinics, many sponsored by a voluntary agency, serve particular needs such as mental health, handicapped children, and the chronically ill.		
WHAT IS A NURSING HOME? • A nursing home is a residence equipped to care for persons, such as the aged or infirm,	• Ask a community social worker to discuss the problems of growing old in our society.	• American Nursing Home Association, 1025 Connecticut Avenue, N.W., Washington, D.C. 20036. Newsletter,

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
who are unable to look after their own physical needs. . Proprietary nursing homes are profit-making. Voluntary nursing homes are nonprofit institutions.	. What are student attitudes toward the elderly? Do any students miss contact with the elderly? What is the experience of those who have close contact with aged family members?	periodicals, and audiovisual aids
WHY IS THE ADEQUACY OF NURSING HOME CARE AN IMPORTANT CONSUMER PROBLEM? . The adequacy of nursing home care affects all of us who may have relatives who need such facilities. Further, we are all likely to need nursing home care in our old age. Also, if nursing home beds are not available, patients are kept in hospitals unnecessarily, at high cost.	. List facilities for the elderly in your community. Include nursing homes and other alternatives: church groups, social groups, Golden Age clubs, Senior Citizens, etc. How adequate are these facilities?	
WHAT FACTORS HAVE LED TO CHANGES IN THE CARE OF THE ELDERLY? . Because of changes in social and economic life, many of us have cut ourselves off from the elderly. Most families today are nuclear, consisting of parents and young children. Elderly relatives are excluded due to lack of space and change in attitudes. They no longer have economic tasks they can perform as they did on large homesteads and farms.	. Discuss what values we have lost in cutting ourselves off from contact with the elderly (love and affection, cultural traditions, knowledge and skills). . How were the elderly treated in the past? How do they fare today in other countries? . Discuss the pros and cons of nursing home vs. home care for the elderly. . Do pupils agree that children should no longer be responsible for the care of their parents?	. Relatives of students who have grown up in, or have knowledge of, other cultures

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Previous to the enactment of Title XIX (Medicaid), children in New York State were held responsible for the support of their parents. With the passage of Title XIX, states are not permitted to consider children responsible for their parents' support.	. The passage of Medicaid has greatly increased the number of eligible persons seeking care in nursing homes. How should the problem of providing additional facilities be met?	
HOW ARE THE COSTS OF NURSING HOMES PAID? . Taxpayers pay part of the cost of maintaining nursing homes through Medicare and Medicaid. The alternatives are payment by the individual or by relatives.	. Ask a representative of the Social Security Administration to discuss government financial aid to nursing homes. . Debate the issue: "The government should provide free care at a nursing home for all who need it."	. Social Security Administration will provide a teaching kit containing charts and pamphlets dealing with all phases of Social Security, including Medicare. . State Department of Health (responsible for setting rates in nursing homes in Medicaid program) . State Department of Social Services . Local welfare agency
HOW IMPORTANT IS THE NURSING HOME INDUSTRY? . An estimated 600,000 persons were being cared for in nursing homes in 1965. . There are almost 2 million beds in licensed nursing homes today.	. Find out the cost of maintaining a patient per day or week in a nursing home. . Make a survey to see whether additional nursing home facilities are needed in your community.	. U.S. News and World Report, July 20, 1970
WHY ARE PEOPLE IN NURSING HOMES? . Many are sick and cannot be cared for at home or by relatives.	. Ask operators of nursing homes or people who have relatives in such homes the reasons why patients were placed in the home.	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Others, in moderately good health, cannot get the care they need in the community — e.g., they are unable to fix meals, shop for food, etc. . Families are unable or unwilling to shelter elderly relatives — homes and apartments are small, rents are high. As more women join the labor force they are unable to stay home and care for the elderly. . Some elderly people have no families.	. Conduct a debate on the issue: "Under today's conditions people able to care for themselves are better off in nursing homes than they would be with relatives."	
WHAT ARE THE PROBLEMS OF NURSING HOMES? . *Quantity* — There aren't enough such homes to meet the needs. The extension of the life span and the increase in the aged population have created a massive backlog of demand.	. Compare statistics on the average life span today, 50 years, 100 years ago. . Ask a representative of the Bureau of Long Term Care of New York State Department of Health to discuss the code for nursing homes in New York State.	. Subcommittee on Long Term Care of Senate Committee on Aging
. *Quality* — While there are some excellent homes, many are poorly run, inadequately staffed, medically inadequate, dirty, and depressing. . *Unequal distribution* — Some communities have excellent facilities, others have none.	. Talk to relatives who have friends in nursing homes. What reactions do patients have to their experiences? . Ask the director of a local nursing home to discuss with the class problems and facilities.	. "The Story of a Teenage Nader Raider," New York Times Magazine, March 14, 1971 . A full report on a study from the Center for the Study of Responsive Law, Washington, D.C., will be published in 1972 as "Old Age, the Last Segregation" . "If there is any single institution that symbolizes the

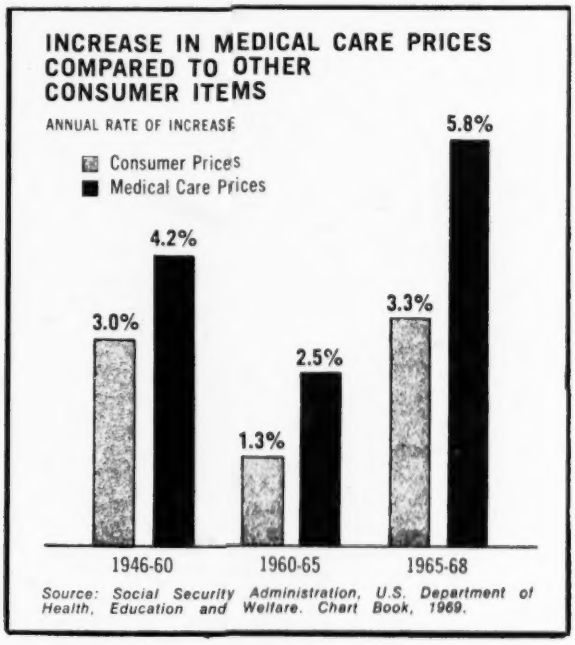
UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. *Inadequate staffing* — In areas with a shortage of physicians, there is likely to be poor medical care.		tragic isolation and shameful neglect of older Americans, it is the substandard nursing home — unsanitary and ill-equipped, over-crowded and under-staffed." President Nixon, June 25, 1971
. *Cost* — Nursing homes are expensive, and costs are rising. The least expensive ward care costs about $100 per week, and the average patient stays over a year.	. Investigate costs of nursing homes in your areas. . Gather information from friends and families regarding the costs they paid for nursing home care.	
HOW CAN STUDENTS HELP TO MAKE LIFE BETTER FOR PATIENTS IN HOMES? . Loneliness, the feeling of not being wanted, is a major problem for the elderly. In many cases the elderly feel cut off from youth. They miss the contact with young people.	. Students can volunteer their services to help in such areas as reading, entertainment, music, arts and crafts. . Have students who have visited patients in nursing homes report their experiences. What needs did patients have? How could students meet these needs?	
HOW DO YOU SELECT A NURSING HOME? . Nursing homes should be fully (not partially or provisionally) licensed by the State. . Nursing homes should meet the standards established by the Department of HEW for homes which receive fees under Medicare. . Consult the patient's doctor to see what the patient's individual needs are, and whether facilities to meet these needs are available.	. Have the students draw up their own standards of what should be required to receive a license to operate a nursing home. What features do they feel are most important? adequate medical care? safety? appetizing food? companionship? provision for extended interests? adequate sanitation? adequate space? pleasant surroundings? a humane and "human" attitude on the part of the staff?	. "Nursing Homes," a Consumers Union reprint, Mt. Vernon, N.Y. . Most state and district nursing home associations publish a list of licensed nursing homes. . The American Hospital Association lists homes that meet its standards. . Department of Health, Education, and Welfare . Hospital code relating to health-related facility

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
		operation, the New York State Department of Health
• Some doctors serve on the staff or have a financial interest in nursing homes. If there is no better way to find out, ask the doctor if this is the case. If so, he should disqualify himself from giving disinterested advice.	• Discuss the conflict of interest when a doctor is both a staff member and has a financial interest in a home. How effective can voluntary ethical codes be in such a case?	
WHAT FINANCIAL ASSISTANCE IS AVAILABLE FOR NURSING HOME CARE? • Medicare and Medicaid cover some but not all nursing home care. The object of these programs is to help with cost of convalescence — not long term custodial and supportive care.	• Ask a representative of the Social Security Administration to discuss benefits under Medicare. What problems does he see? What solutions does he propose?	• Social Security Administration • "As Medicare Begins," Consumers Union, June 1966. • "Medical Assistance for Needy Persons," State Department of Social Services, Albany, N.Y.
• Blue Cross, Blue Shield,and private insurance companies have some provisions in their policies for nursing home care.	• Ask a qualified insurance agent to discuss plans which include nursing home benefits. • Ask students to make an inventory of family insurance policies. Which ones have provisions for nursing home care? In terms of today's costs how adequate is the coverage?	• Blue Cross,Blue Shield, and private insurance company pamphlets
	• What kind of government aid do other countries extend for nursing home care?	• Relatives and friends with knowledge of other countries

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
	• Keep a clipping file or scrapbook of changes in such programs as they are reported through newspaper and magazine articles. Discuss and debate proposed changes.	• Current periodicals
WHAT IS A LIFE CONTRACT FOR NURSING HOME CARE?	• Ask a lawyer to discuss the legal implications of a life contract.	• "Nursing Homes," Consumers Union reprint
• Some nursing homes promise lifetime care in return for a substantial lump sum payment when the patient enters the home. The idea sounds sensible but has many dangers.		
• Dangers of life contract	• Compile firsthand reports of student's relatives who have family members covered by such contracts.	• Students' families
- If the resident doesn't like the home and wants to move, he may have trouble getting his money back.	. Have students role play the situation of two nursing home patients, one of whom is satisfied, and one dissatisfied, as they discuss their experience with a life care contract.	• Owner or operator of a nursing home
- If the home goes bankrupt, the patient may be left without recourse.		
- Life care contracts may deprive the resident of home welfare benefits to which the resident would otherwise be entitled.		
- The resident may later need nursing care not available under the contract. "Life care" may be a mirage.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT ALTERNATIVES ARE THERE IN THE COMMUNITY FOR THE PATIENT WHO DOES NOT WANT TO OR CANNOT GO TO A NURSING HOME?	• Investigate and list alternatives in the community. Ask representatives to discuss their programs.	• Local newspapers • Social workers • Clergymen
• Day care nurses or companions in the patient's home	• Interview older community members for their experiences with these types of organizations.	
• Foster home care — the elderly can board with a family where some day care is available		
• Sheltered workshops — groups which offer employment for the elderly in carefully supervised settings		• Workshop administrator and social agencies
• Social groups such as Golden Age	• Ask a social worker or member to discuss Golden Age clubs.	• Elderly persons who have participated in programs
	• Have representatives attend a Senior Citizens or Golden Age club meeting and interview members.	
WHAT RECOMMENDATIONS DO CONSUMER EXPERTS MAKE TO IMPROVE NURSING HOMES?		• Consumer expert • Nursing home proprietor
• Establish a commission to set standards, survey the situation periodically, and publish lists of accredited nursing homes	• Debate the pros and cons of such a commission. Would it help to solve the problems of nursing homes? Might it result in higher rates and even fewer aged being accommodated?	. In New York State, there is a distinction between nursing homes, convalescent care facilities,etc. — all are called "Extended Care Facilities,"i.e., extensions of hospital care.
• Improve conditions through stricter regulation		
• License operators		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Raise welfare rates to provide funds to pay higher home fees.		
WHY HAVE HEALTH COSTS RISEN AT TWICE THE RATE OF OVERALL PRICES SINCE THE MID-50'S? • All costs have risen because of inflation, but health costs have gone up most steeply, especially the wage costs.	• Interview grandfathers and grandmothers, fathers and mothers, for family medical records. Compare costs of doctor's visits and other services now, as compared to costs five or more years ago.	• Fortune, January 1970



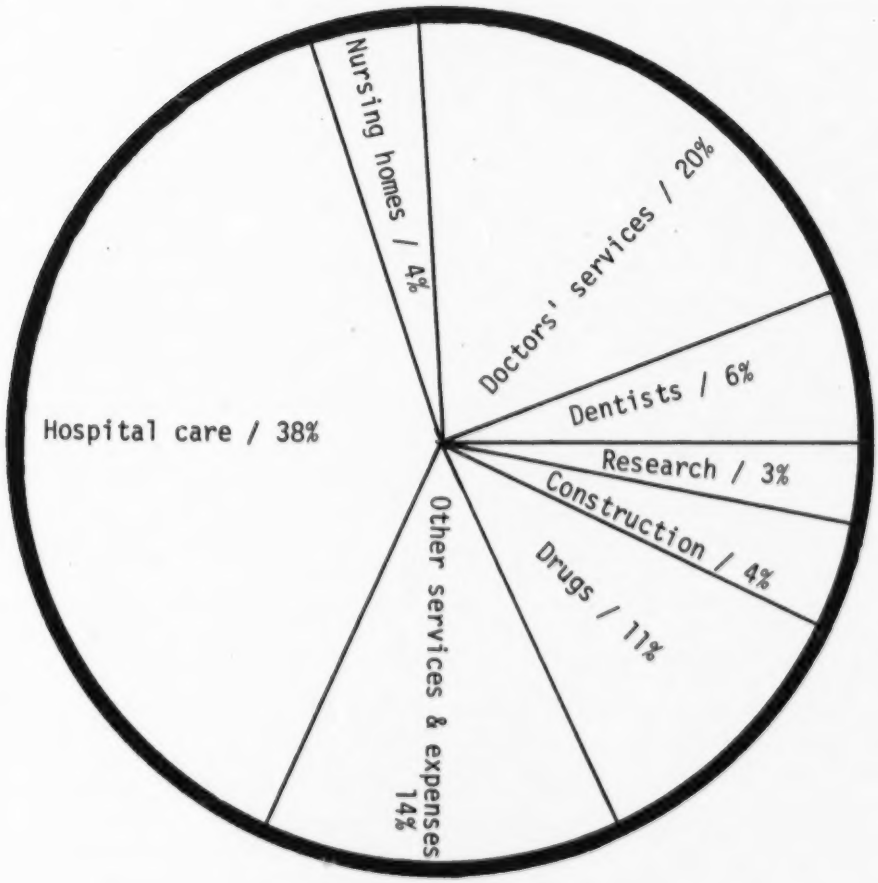
• Demand for services has outrun supply, partly because of greater expectations and partly because Medicare and Medicaid have made medical care available to a previously neglected group. • There is increased life expectancy and a	• Ask a hospital administrator to discuss how Medicare and Medicaid have affected hospital space.	• Hospital administrator . New York State Hospital Association, Albany, N.Y.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
larger population of elderly people.		
• Higher wage and labor costs have had a profound effect on hospital and nursing home costs.	• Compare salaries of hospital workers now and 10 years ago.	• Hospital administrator • Hospital workers' employee and union groups
• The increasing complexity of medical treatment has involved expensive machines.		• Current periodicals

HOW TO SPEND $63 BILLION

In recent years, the Nation has been spending more on medical care than on education or social security. The $63 billion spent in 1969 even exceeded defense outlays less Vietnam. Hospitals received 38 percent of the total medical budget, or $24 billion. Doctors got a 20 percent slice of the budget — $13 billion. Even some of the smaller sectors were pretty big: medical research totaled nearly $2 billion, and supported some nationwide enterprises. Included within the category of "other services" are such big items as the purchase of eyeglasses, support of government public health programs, and some administrative costs.

FORTUNE, January 1970



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UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT IS THE PURPOSE OF HEALTH AND ACCIDENT INSURANCE?	. Show film: "Dialogue With Life," available from Modern Talking Picture Service.	. "Modern Health Insurance," Institute of Health Insurance, 277 Park Ave., New York, N.Y. 10017
. To protect yourself (if you are single) or yourself and your family against the financial hazards of unpredictable illnesses and accidents	. Discuss the kinds of financial problems that arise from illnesses and accidents. How have pupils' families met these emergencies?	
WHAT SOURCES OFFER HEALTH AND ACCIDENT PROTECTION?	. List the kinds of policies held by students' families and note the coverage. Check the expiration date of each policy.	
. Private insurance companies sell both individual policies and group policies.		
. Group policies are issued to an employer for employees, to a labor union for members, etc.		
. Blue Cross and Blue Shield issue policies which make payment for service directly to hospitals and to participating physicians.		. "The Blue Cross Story," and "The Story of Blue Shield," Public Affairs Commission, 381 Park Ave., New York, N.Y.
. Medicare provides health insurance for those over 65, and Medicaid coverage provides for the medically indigent.		. Social Security Administration . State Department of Social Service
WHAT CRITICISMS ARE MADE OF PRESENT HEALTH INSURANCE PRACTICES?	. Premiums for life, health, auto insurance, and social security take about $1,000 of the average family salary, per year. How does this figure compare with the costs for these same items of pupils' families?	. Senator Edward M. Kennedy, D-Mass., sponsor of a bill to create a government-operated and financed national health-insurance system, called health care
. Health and accident insurance are two of the major concerns of consumers.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The charge is made that too few consumers have health insurance and that those who have it pay too much for it.	. Government statistics show nearly 19 percent of the population under age 65, or about 35 million Americans, have no hospitalization insurance; 21 percent aren't covered for surgery; 30 percent, for doctor visits while in a hospital; 57 percent, for doctor bills from office visits or house calls. How do these percentages compare with the coverage of pupils' families?	"the fastest growing failing business in the nation, a $70-billion industry that fails to meet the needs of our people." . "Failure of Insurance Firms Held Major U.S. Problem," Albany Times Union, Sept. 8, 1971
. Just a little over half of the premium paid for individual health policies is returned in the form of benefits to the insured. The record for those with group insurance is much better. Almost all of their premium dollar is returned in benefits.	. Conduct a class, community, or area poll. How much was paid for health insurance in the past year? How much was returned in the form of benefits?	
. The present system of health insurance encourages people to check into a hospital for treatment they could get in a doctor's office. Using the expensive services of a hospital unnecessarily raises costs and results in increased premiums. Thus consumers contribute to the problem.	. The following example is from a newspaper article: "A woman in Langley, Va., is receiving chemotherapy treatment for cancer. She has been getting two injections a week since November 1970. Here is what it costs utilizing the family coverage provided by her husband's Blue Cross-Blue Shield group policy: - She can purchase the serum at a drug store for $2.20 a treatment, take it to her physician who charges $3. Blue Shield will pay 80 percent. Her cost: $1.04.	. "Failure of Insurance Firms Held Major U.S. Problem," Albany Times Union, Sept. 8, 1971

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
	- She can go to a hospital as an out-patient. The hospital supplies the serum and charges her $15. Blue Shield pays 80 percent. Her cost $3. - Her doctor can admit her in a $76.10 semi-private hospital room. She takes the treatment, stays overnight and goes home. Blue Cross will pay the entire bill. Her cost: 0. Thus it becomes cheaper to spend a night in a hospital, and all she needs is the cooperation of her doctor to obtain treatment as an in-patient." (Albany Times-Union, Sept. 8, 1971) What are pupil reactions to this article? Who pays for the hospital room if the woman chooses that course?	
. The biggest health insurer is not one company but the 74 autonomous plans known as Blue Cross-Blue Shield. More than 70 million Americans are insured by Blue Cross, which negotiates with hospitals to set its benefit rates, and Blue Shield,which covers doctor bills. . Blue Cross is under attack also from the insurance industry, which says the plans have an unfair competitive advantage.	. Critics claim that since negotiations to set Blue Cross-Blue Shield rates are dominated by hospital administrators and doctors who are, in effect, negotiating with themselves, there is no true bargaining. Critics ask that consumers be represented on the negotiating team or that more effective State regulation take place. How valid might these arguments be?	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Critics claim that the present system of permitting Blue Cross-Blue Shield to increase premiums without greater cost control will price most subscribers out of the market and cause the system to collapse.	. Check with Blue Cross-Blue Shield representatives. What are current rates for different classes of service? What recent increases in premiums have taken place? How do Blue Cross-Blue Shield representatives defend these raises? . Arrange for a round-table discussion of health insurance. Invite a representative of Blue Cross, a private health insurance agent, a physician, parents, and students to participate. What suggestions are offered regarding the problem of providing adequate health coverage?	. Health Secretary Elliot L. Richardson, testifying in support of the administration's health-care plan, told a Senate subcommittee: "This administration is proposing that the insurance industry be regulated. We shall see to it that citizens have better and cheaper coverage through competition among carriers." . Blue Cross of Greater Philadelphia, with 2.4 million subscribers, recently asked for approval of rate increases boosting premiums as much as 50 percent in two steps. Pennsylvania Insurance Commissioner Denenberg calculated the increases would boost the premium for typical Blue Cross-Blue Shield nongroup coverage for a family of four to $550 a year. He ordered Blue Cross to renegotiate its contracts with hospitals. "The old formula of rate increases without meaningful cost controls will no longer work," said Denenberg. "It will only lead to costs so high the system will collapse."
HOW DOES SOCIAL SECURITY CONTRIBUTE TO HEALTH AND ACCIDENT INSURANCE? . If a person is disabled by illness or accident and unable to work at his normal occupation, Social		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
Security will pay for those enrolled, after 6 months of disability, a basic amount and an additional amount for dependent children. (A middle income man with three or more dependents can usually expect to receive approximately $400 per month from Social Security after 6 months of total disability.)		• "Social Security Handbook," U.S. Government Printing Office, Washington, D.C.
WHAT ARE THE DIFFERENT KINDS OF HEALTH INSURANCE? • Disability income insurance provides payments to insured if wages are interrupted by disability due to illness or accident.	• Obtain samples of policies, and discuss the different kinds of coverage and the costs.	• "Source Book of Health Insurance Data," Institute of Health Insurance, 277 Park Ave., New York, N.Y.
• Hospital expense insurance provides benefits toward the expense of hospital room and board costs and other treatment charges. These usually include such items as dressings, the operating room, laboratory services, and X-rays.	• Investigate the daily cost of a hospital room at local hospitals.	• Hospital public relations person
• Surgical expenses (usually offered in combination with hospital insurance) covers part or all of the costs of surgery. • Regular medical expenses usually	• Gather data on the average annual health insurance bills of students' families. Include all premiums. What have been the families' experiences with these policies? • Analyze direct mail,	• A list of current health insurance teaching aids is available from the Institute of Life Insurance, 277 Park Ave., New York, N.Y. 10017

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
covers part or all of the costs of visits for one or more doctors for services not involving surgery.	newspaper, and magazine advertisements for health insurance policies. Do they state benefits clearly? What emotions do they appeal to? How adequate is the coverage? What exceptions to the policies might prove a hardship?	. Current periodicals and direct mail advertisements
. Major medical expense policies are especially designed to help offset the heavy medical expenses resulting from catastrophic or prolonged illness or injury. They provide benefit payments for 75-80 percent of all types of medical treatment by a physician above a certain amount first paid by the insured person and up to the maximum amount provided by the policy — usually $5,000 or $10,000 or higher.	. Have students guess what their jobs and income might be 10 years from now. In terms of these projections, what kinds of accident and insurance coverage should they be carrying and at what cost?	. Representative of: - Blue Cross, Blue Shield - Private health and accident insurance company - Social Security Administration
WHAT ARE SOME GOOD PRACTICES IN BUYING AND MAINTAINING HEALTH INSURANCE?	. Ask a health insurance agent who sells both individual and group policies to discuss and compare policy costs and benefits.	. Health insurance agent
. Take advantage of the group health insurance offered by your place of employment.	. Why is it wise to take advantage of group health insurance offered by employers? (Group rates are much lower than individual rates, and the employer often pays all or part of the premium. Some policies pay in full even though duplicate coverage exists in the form of other policies. If you leave your place of employment, you can then consider converting to an individual policy or dropping the policy.)	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Buy health insurance only from a reputable company, licensed by the State Insurance Department. All insurance agents and companies with offices in New York State must be licensed.	. Why is it wise to buy from a company licensed by the State of New York? (The N.Y. State Insurance Department, through its licensing procedure, exercises regulatory control to protect policyholders. Some unfortunate experiences have been recorded by those who made claims against unlicensed, fly-by-night, out-of-state health insurance companies.)	
. Understand the provisions of the policy, including benefits, and provisions for cancelation and renewal.	. Discuss the provisions of a health insurance policy. For what types of disability and illness is the policyholder insured? in what amounts? What are the limitations of the policy? Do rates increase as you grow older?	
. Take time to compare the values of several similar policies to see if you are getting what you want and what you need.	. Discuss what kinds of health protection are needed. Do needs change as one gets older? Are there other sorts of protection (group health insurance, Medicare, Medicaid) already available?	
. Find the true cost of the policy.	. Many policy rates are quoted as so many cents or dollars per week. Multiply the quoted figure by 52 to find the annual cost. Can you fit the cost into your budget? What is the relationship of the cost to the benefits you will receive?	
. Review your insurance program annually.	. Situations change and result in changing needs for health insurance. How might an individual's health insurance needs change following marriage or with approaching old age?	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Keep up to date.	. Changes are being constantly introduced in policies, and you may be able to take advantage of increased benefits if you are aware of recent developments. Watch newspaper and magazine articles or listen to broadcasts for changing developments.	
. Keep all policies in a safe and convenient place.	. In an emergency, you will want to find policies with a minimum of trouble. Where might be the best place to store policies? Who else besides the policyholder should know where they are kept?	
. Pay premiums promptly to keep your insurance in force.		
. Keep your family informed on health insurance matters.	. Why is it important that other family members know what coverage they have? Dramatize situations in which such knowledge would be important.	
. If you are planning to take out a new policy and drop an old one, make sure the old one is in effect until the date that the new one becomes operative.	. Under what conditions might it be wise to change policies? What precautions should be taken?	
WHAT ARE THE DIFFICULTIES WITH OUR PRESENT SYSTEM OF HEALTH CARE THAT HAVE LED TO DEMANDS FOR NATIONAL HEALTH INSURANCE?	. Conduct a panel discussion with one or more representatives of the medical profession, the health insurance industry, social workers, and	. "Today this nation confronts a critical testing of its capacity to meet for all its citizens one of the

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The number one health problem in the Nation is the distribution of health care, in order to make it possible for <u>all</u> people to have adequate care. That includes preventive health care, education in how to live healthfully, and treatment when needed.	parents of all income levels and discuss the following issues: - The critical shortages of health manpower and facilities, particularly for ambulatory or "walk in, walk out" care, with those services that are available being poorly distributed. - Uneven quality of care by location and income. - Health costs that keep going up and thus become a financial barrier to needed care. - Gaps in health insurance protection, with many who are most in need of comprehensive coverage least able to afford it.	most widespread human needs — the means to protect and maintain personal health. There is general agreement today that every citizen should have access to quality health care. There is agreement as well that too many now lack this access at prices they can afford." Teaching Topics, Spring 1971, Health Insurance Institute
. *Inadequate Preventive Health Care* — Most of us are born with strong bodies and with a good bit of resistance to disease. But often due to indifference or ignorance, we reduce our health level to the point where we have little or no resistance to illness.		
. Low cost health policies provide only partial and inadequate coverage.	. What are some of the causes of disease? (Among the reasons why our level of health is reduced to the point where we fall prey to disease are these: - improper or inadequate diets - failure to secure needed medical and dental care when first needed - excessive strain and stress - abuse of our bodies through the use of drugs, alcohol, or tobacco - inadequate preventive health care services	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
	- inadequate rest - inadequate exercise)	
. There is a big difference between the cost of individual and group health insurance. Individual rates may be higher than the consumer can afford.	. Compare individual and group insurance rates.	
. Major medical policies are very expensive. Unless they are paid by the employer, they are too costly for most people to afford.	. Investigate the price of major medical insurance.	. Insurance companies . Blue Cross-Blue Shield
. Private health insurers are increasing their rates. There is very little control over rates, beyond the fact that the company cannot raise just one individual's rate. It has to raise all rates in the same category. (Blue Cross needs approval from the State Insurance Department before it can raise rates.)	. Ask a qualified insurance agent to discuss how rates are set.	. Insurance companies . Current newspaper and magazine articles
. Persons with impaired health may have to pay very high premiums, or the company may refuse to accept them at all. Applicants are usually asked to fill out a medical form indicating the state of their health.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. "Third party" payments by Blue Cross to hospitals have led to inefficiency. The company pays the bills with little attention to service.	. Ask a Blue Cross official to discuss the new plan of incentives under which the hospital will receive an extra amount if charges are lower than estimated.	. Blue Cross . Wall Street Journal, March 10, 1971
. There are serious gaps in health insurance protection - 99.5 percent of all Americans have no dental health benefits. - 90.4 percent have no nursing home coverage. - 60 percent have no out-of-hospital drug coverage. - 58 percent have no coverage for doctor and dentist office and home visits. - 24 percent have no hospital care coverage.	. Construct paper or cloth or wood mannequins labeled Dental health protection Nursing home protection Out-of-hospital protection Physician and dentist protection Hospital protection Color the "protected" portion of each mannequin one color in terms of the percentages stated and the "uncovered" portions another color.	. AFL-CIO American Federationist, April 1970, reprints available from pamphlet department

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT IS NATIONAL HEALTH INSURANCE? . National Health Insurance is a nationwide plan that has been proposed to replace our present private and public health insurance system with a new system that would insure quality medical care for all, regardless of ability to pay.	. Debate the proposition: "America should establish a National Health Insurance System." . Investigate National Health Insurance in other countries. How well has it worked? What does the term "socialized medicine" mean?	. "Welfare Plan of the Future? Proposed Compulsory National Health Insurance Program," U.S. News & World Report, February 24, 1969 . "Case for National Health Insurance," R. Fein, Saturday Review, August 22, 1970 . "Cure-All? Committee for National Health Insurance Proposal," Newsweek, October 27, 1969 . "Debate Over National Health," Time, October 12, 1970
. There are several National Health Insurance proposals before Congress. They differ in detail, but most of them (except Medi-credit) call for a prepayment plan with the cost shared by the Federal Government, employers, and employees. The poor would be served free.	. The proposals are still in the process of being changed, as new provisions are added and others deleted. Collect news clippings on recent changes. If a plan has been adopted, how does it compare with the proposals you have studied?	. Maisel, Albert Q. "National Health Insurance: Do We Need It? What Kind? At What Cost?" Reader's Digest, February 1971 . "National Health Insurance: The Next Attack on Medical Costs," Changing Times, January 1971 . "Prepaid Medical Care for All — When...Who'll Pay the Bill?" U.S. News & World Report, August 10, 1970

A DESCRIPTIVE DISPLAY OF FIVE COMPREHENSIVE

INSTITUTE OF LIFE INSURANCE
277 Park Avenue, New York, N.Y. 10017

	THE BENEFIT	PATIENT PAYS
HEALTHCARE (BURLESON-McINTYRE PROPOSAL) (Developed by Health Insurance Association of America)	Progressively expanding comprehensive coverage including hospital stays; extended care; nursing home treatment; surgery; diagnostic services; general and special physician services; preventive checkups; maternity care; well baby care; prescription drugs; rehabilitation services; dental and visual care; and psychiatric care in and out of hospital.	Patient pays nominal co-payments for hospital, nursing home, home care, physician and surgeon services, drugs, in-hospital psychiatric services. Co-payments for other services range from none for preventive checkups, to 50 per cent for out-of-hospital psychiatric care. For poor and near poor, total co-payments are eliminated or limited by income.
NATIONAL HEALTH INSURANCE STANDARDS PROGRAM FAMILY HEALTH INSURANCE PLAN (Developed by the Nixon Administration)	Comprehensive coverage including hospital; surgical; extended care; diagnostic workups, general and special physician services; maternity and well-child care; health maintenance services, low income family counselling; vision care for children; acute hospital psychiatric services.	Patient pays first $100 of expenses and cost of first two days of hospital care, plus 25 per cent co-payment on first $5,000 of expense. The $100 deductible is eliminated for well baby care and child vision care. Deductibles as well as co-payments are eliminated for the poor and scaled down for near-poor. Part B Medicare monthly premium costs are eliminated.
NATIONAL HEALTH SECURITY PLAN (KENNEDY-GRIFFITHS PROPOSAL) (Developed by Committee for National Health Insurance and AFL-CIO)	Immediate comprehensive coverage, including hospital stays; extended care; surgical; general and special physician services; diagnostic workups; preventive care; maternity and well baby care; prescription drugs; rehabilitation services; vision care; dental care for young; psychological and psychiatric services; health and nutrition counselling; prosthetic devices.	Patient pays nothing.
NATIONAL HEALTH INSURANCE AND HEALTH SERVICES IMPROVEMENT PROGRAM (Developed by Sen. Jacob K. Javits)	Comprehensive medical coverage, including hospital stays; extended care; surgical; diagnostic workups; general and special physician services; annual physical exams; maternity; long term prescription drugs for chronic conditions; dental care for young children; psychiatric care in and out of hospital, medical appliances.	Patient pays first $52 of hospital stay and some co-payments for long term hospitalization and convalescent care. For other services patient pays first $50 plus 20 per cent of the bill. Drug co-payments are limited to $1 per prescription.
MEDICREDIT (FULTON-HANSEN PROPOSAL) (Developed by American Medical Association)	Limited comprehensive coverage, including hospital stays, extended care; surgery, radiation therapy, physician services; diagnostic services; preventive checkups; maternity; child well care; psychiatric services in and out of hospital; hospital rehabilitation; catastrophic illness coverage.	Patient pays first $50 per hospital stay, plus nominal co-payments for other services. Patient also pays up to 20 per cent of adjusted gross income before catastrophic illness coverage takes over.

NATIONAL HEALTH INSURANCE PROPOSALS

FINANCED BY	UNDERWRITTEN BY	THE APPROACH
For most, employers and employees will share premium costs. For the poor and near poor, states and Federal government will subsidize premium costs up to 100 per cent.	Private carriers regulated by state insurance commissions, except for Medicare Benefits.	Establish upgraded benefit standards and provide access to health care financing for all. Phase in benefits to prevent overloading the health care delivery system. Phase poor and near poor into the benefit program faster. Use co-payment system to hold down premium costs and prevent over-utilization. Use grants, loans and other incentives to expand health manpower, to distribute manpower and facilities properly and to create system of comprehensive ambulatory care centers. Absorb Medicaid and supplement Medicare benefits for over 65 population.
Employers and employees will share premium costs with employers eventually paying 75 per cent. Group-rate pools will be set up for state and local government employees, self-employed, small employers and people outside of labor force. For the poor the plan would pay all costs. A sliding scale of subsidies would apply to costs for families with incomes of $3,000 to $5,000. Social Security and Railroad Retirement recipients will be financed through Social Security taxes and Railroad Retirement contributions.	For employed persons, private carriers working under Federal regulations. For poor with dependent children — a Federal program. For all other poor — the present Federal State Medicaid Programs.	Mandate health insurance coverage through the employer-employee mechanism and establish civil court procedures for non-compliance. Establish risk pools for groups not covered by other means. Encourage with grants and loans the development of health maintenance organizations and permit families to elect this type of service. Increase output of health manpower with per-capita grant program to medical-dental training centers. Encourage proper distribution of health personnel under existing incentive legislation. Continue Medicare for aged.
One half with general federal revenues; one half with employer-employee wage taxes, self-employed tax, and tax on unearned income.	Department of Health, Education and Welfare through a Federal health security board and state health agencies.	Scrap private health insurance plans and finance costs publicly through new and existing federal taxes. Scrap co-payment system. Absorb Medicare and Medicaid into the new system, to complete federal administration of all health care financing. Encourage group practice and preventive medicine through an incentive system. Establish funds to increase health manpower. Empower HEW secretary to promote proper distribution of health manpower and facilities. No phasing.
General revenues and new Social Security taxes, shared in three equal parts by employers, employees and the Federal Government. Individuals and employer-employee groups can establish alternative private plans, with benefits equal or superior to the government plan and the financing by employers and employees on a 75 per cent-25 per cent basis.	The Department of Health, Education and Welfare with private carriers as intermediaries. Alternative private plans would be underwritten by private carriers working under HEW guidelines.	Liberalize and extend to the general population provisions of the Medicare Program, retaining the use of private carriers to administer claims. Provide for alternative, or superior plans in the private sector. Encourage organization or comprehensive health care centers through incentives. Phase poor, disabled and unemployed into system first, then extend plan to rest of population. Control costs by establishing interplay between private and public systems.
Sliding scale of tax credits based upon income. Poor and near poor would receive assistance through premium payment vouchers.	Private carriers under a national health insurance advisory board, chaired by secretary of Health, Education, and Welfare, and including commissioner of Internal Revenue Service, working through state insurance departments.	Support voluntarily purchased private health insurance premiums for the poor and near-poor with payment vouchers. Subsidize these costs for others with a sliding scale of tax credits based upon income. Set minimum federal standards for health insurance plans. Retain present Medicare program for people over 65.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
		• Saturday Review, August 22, 1970 • Time, October 12, 1970 • Today's Health, December 1969 • New Republic, January 17, 24, February 7, March 21, 1970 • "$60 Billion Crisis Over Medical Care: With Editorial Comment," Business Week, January 17, 1970
• Plans call for reorganization of the health care delivery system to insure better distribution of services geographically. • National Health Insurance would emphasize preventive medicine.		
WHAT PROPOSALS HAVE BEEN MADE (OTHER THAN NATIONAL HEALTH INSURANCE) FOR CHANGES IN THE MEDICAL PROFESSION TO PROVIDE MORE EFFICIENT AND LESS EXPENSIVE CARE? • Increase the number of medical schools and their graduates, and provide financial aid to medical schools.	• Ask a guidance counselor to talk to the class about the requirements and course of study in medical schools. • Discuss why doctors have traditionally come from the upper middle class. • How is it possible to finance medical study through scholarship and other aids?	• School guidance department • American Medical Association and the New York State Osteopathic Society . College guidance literature
• Encourage better geographic distribution of physicians by grants and loans to physicians who locate in areas of medical scarcity.	• Discuss inducements that can be offered to doctors to encourage them to serve in certain areas — guaranteed annual wage, good medical facilities, etc.	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Encourage group practice in which a group of physicians work together out of a single medical care unit. Group practice can cut costs and increase efficiency by enabling doctors to share rent, secretarial, bookkeeping, and laboratory aid.	Ask a doctor in group practice to discuss how his group operates. Ask a patient who uses the services of a doctor in group practice for his reactions to this type of service.	• Anderson, F., "Growing Pains of Medical Care," New Republic, January 17, January 24, February 7, 1970. Discussion, March 21, 1970
• Encourage fixed price contracts in which the patient pays an annual fee for medical care. This is an incentive to stress preventive medicine rather than treatment of long and costly disease. • Encourage the use of medical corpsmen, paraprofessionals, and volunteers in hospitals and physician's offices to perform routine tasks.	• Ask students to research fixed price contracts and how they work — e.g., Kaiser plan, Health Insurance Plan. • Investigate the use of paraprofessionals in a local community hospital. In what capacities are personnel employed? What kind of training did they need? • Discuss careers for paraprofessionals in the health field. • Investigate the use of volunteers in hospitals — e.g., Boston Floating Hospital for Infants and Children lets mothers help nurses.	• Group Health Association of America, Washington, D.C. • Fortune, January 1970 • Parade, May 23, 1971 • "Curing the Doctor Shortage," Time, November 9, 1970 • "Will Your Next Doctor Be a Doctor?" Today's Health, March 1970
• Increase support for research in preventing and curing disease. • Cut costs of medical care by eliminating unnecessary hospitalization and operations.	. Report on the recently approved government-sponsored cancer society. . Investigate life extending techniques and how they were developed. . Discuss why third party payment for hospitalization can lead to inefficiency (Blue Cross, for example, pays the patient's costs directly to the hospital).	• Current periodicals . Bornemeier, Walter C., M.D., "Rx for the Family - Doctor Shortage," American Medical Association

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT ARE THE PROBLEMS OF NUTRITION AND HEALTH?		
The White House Conference on Food, Nutrition and Health, 1969, made, among others, the following recommendations:	• Show the television documentary: "Hunger in America," available through Carousel Films, Inc., 1501 Broadway, New York, N.Y. 10036. Ask students to react to the show. Why was the producer criticized?	. See the New York Times Index for articles on the controversy over the show "Hunger in America." . U.S. News and World Report, October 20, 1969
• Urged the President to declare "a national health emergency" • Asked for a guaranteed annual income of at least $5,500 for a family of four • Suggested expansion of and reform of existing food benefit programs	• Show the Department of Agriculture film: "A Share for All," explaining the food stamp program. The program is controversial. Why is it sometimes criticized? What alternatives have been tried - e.g., giving the poor food surpluses? Has the program been changed lately? What alternatives can students suggest?	. Current newspapers and magazines
• Asked for a program to provide all school children with a free and nutritious breakfast and lunch • Asked for the transfer of food program administration from the Department of Agriculture to the Department of Health, Education and Welfare and local administration of the programs by the poor	• Does the school have a lunch program? With the help of the home economics teacher or cafeteria director, analyze meals for nutritional value.	
WHAT IS THE EXTENT OF MALNUTRITION IN OUR COUNTRY AND ELSEWHERE?		
• A recent study by the United States Department of Agriculture	• Discuss the prevalence of malnutrition on a worldwide scope. Collect pictures of malnourished people	• United States Department of Agriculture

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
showed that despite rising income during the last 10 years, the number of households that had poor diets rose from 15 percent in 1955 to 21 percent in 1965.	. in America and elsewhere. Discuss possible causes of malnutrition and how to alleviate them.	• Current periodicals
• The diet of the poor was twice as deficient in four essential nutrients as the diet of the affluent, according to a 10-state survey conducted by the Public Health Service.	• What kinds of foods are being developed to fight malnutrition inexpensively on a worldwide scale? Discuss eating habits in other countries. In Japan, for example, fish is an inexpensive and widely used source of protein. Have any of the students tasted soybean products or other products designed to provide high protein at low cost? What was their reaction to these foods?	
	• Investigate CARE and other programs that attempt to help those in underdeveloped countries. List items CARE supplies for overseas relief.	• CARE, 600 First Avenue, New York, N.Y.
• 25 percent of middle class Americans suffer from poor nutrition or being overweight.		• Mayer, Jean, M.D., "Overweight," Prentice Hall, Englewood Cliffs, N.J.
WHAT ARE THE CAUSES OF MALNUTRITION?		
• Too little food • A poorly balanced diet	• Ask a biology or health teacher to discuss deficiency diseases - their cause and treatment. What is the incidence of scurvy? of rickets?	• Biology teacher • Health teacher

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT IS A WELL-BALANCED DIET?		
• Nutritionists disagree on many points but in general agree that food should be selected from four basic food groups: - Milk group (includes cheeses, ice creams, skim milk) - Meat group (includes meat, fish, and eggs) - Vegetable and fruit group (includes green and yellow vegetables, citrus and other fruits and juices) - Bread and cereals (food made with whole, enriched, or restored grains)	• Ask a home economics teacher to discuss planning well-balanced meals using low cost foods. • Have the class plan well-balanced, limited budget meals for a week. • Perform tests to demonstrate presence of carbohydrates, proteins, and fats in foods. (See Food and Drug Administration pamphlet #42 for information on how to perform these tests)	• "Consumer Reports," Consumers Union, Mt. Vernon, N.Y. September 1960, and many women's magazines contain information on the four basic food groups. • United States Department of Agriculture pamphlets, food guides, and films (listed in Publication #1107, United States Government Printing Office) • Food and Drug Administration pamphlet, "Young Scientists Look At Food," #42, Superintendent of Documents, United States Government Printing Office • Public relations departments of food producers • "Nutritional Sense and Nonsense," New York State College of Home Economics, Cornell University, Ithaca, New York
• A well-balanced diet contains nutrients essential to health, vitamins, and minerals.	• List the major nutrients essential for health — calcium, phosphorus, iron, etc. What role do they play in the proper functioning of the body?	• "Young Scientists Look At Food," Food and Drug Administration publication #42

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
	• Ask each student to keep a personal record for a week of the foods he eats. What nutrients do the foods contain? Are any of the necessary nutrients missing? What can pupils do to improve their diet?	
	• Using the same record, ask students to use food composition tables to figure out their average daily intake of calories, protein, minerals, and vitamins.	
	• Perform tests for nutrients as outlined in the Food and Drug Administration pamphlet #42.	
WHAT ARE "FOOD FADS"?		
• Certain foods sometimes become very popular. They are promoted for special diets for health, to lose weight, etc.	• List food fads students have heard about or tried. Students should ask parents about food fads of their generation.	
• Many of the claims made about them are untrue.	• Visit a health food store, if there is one in the community. Notice the claims made on the labels. How valid do pupils feel these claims are?	• Health and diet food literature available in health food store
• Fad foods do not take the place of the four basic food groups.		
• Organic foods, the current fad, often cost twice as much as regularly grown foods.	. Examine popular books on foods and nutrition. Do they promote unsound food theories and fads not based on recommendations of recognized medical and nutritional experts?	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
HOW USEFUL ARE SPECIAL DIET FOODS?		
• The aim of any weight reduction diet is to develop proper eating habits and long term weight loss.	• List the kinds of diets students or their friends have tried — high protein, powdered, canned, or bottled foods, etc. What success have they had in losing weight permanently?	• Consumer Reports, July 1960 • Current consumer and women's magazines
• All dieting should be under the supervision of a physician.		
• Most special diet foods are more expensive than regular foods.	• Compare prices of diet foods and regular foods in the supermarket. (Artificial sweeteners are less expensive than sugar.)	
• Diet foods cost the American public between $1 and $1.5 billion per year. According to the A.M.A. and the F.D.A., this expenditure is needless and wasteful.	• List the wide variety of diet foods, drinks, and condiments available. • Show United States Department of Agriculture filmstrip, "Weight Control."	
WHY ARE MIDDLE CLASS AMERICANS OFTEN POORLY NOURISHED?		
• Overeating is not the same as good nutrition.	• Ask the school physician to discuss the relationship between diet and health.	• The school physician, other doctor, or home economist in the community . Dentist
• Overweight is associated with heart and other diseases. Excess animal fat is associated with arteriosclerosis, and excess sweets with dental decay.		
• Nutritionists say many Americans eat "empty calories" which contribute to caloric intake but not to nutrition.	• Check the family food shelf after a trip to the market. Make an inventory of snack foods such as potato chips, coke, etc. How much did they	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• Out of apathy, ignorance, or confusion many people eat the wrong kinds of food, such as sweets and snack foods, in place of needed nutrients.	cost? What percentage of the food budget goes for these products? • Examine the layout at a local supermarket, or ask a supermarket manager to discuss how shelf space is allocated. Why are certain items (candies, soda) often displayed at the check-out counter?	• Cross, Jennifer, "The Supermarket Trap," Indiana University Press
• Food manufacturers say "Nutrition isn't easily marketed." Advertisements stress foods for convenience, glamour -- few mention nutrition.	• Collect food ads. What do you learn about food from the ads? What appeals do the ads make - e.g., "coke" for glamour, fun, friends?	• Current periodicals, particularly those aimed at teenagers
WHAT ARE DIETARY SUPPLEMENTS?		
• Dietary supplements are intended to supply one or more essential food nutrients to an individual's diet. The most familiar dietary supplements are multi-vitamin and vitamin-mineral preparations.	• List products sold in local pharmacy or supermarket as dietary supplements — include tablets, wafers, powders, liquids.	• "The Medicine Show," Consumers Union, Mt. Vernon, N.Y. • Consumer Reports, September 1960
WHAT ARE VITAMINS AND WHEN SHOULD PEOPLE TAKE THEM?		
• Vitamins are specific chemical compounds. • They have the same composition and effect on the body whether they are produced synthetically in a laboratory or derived from natural sources.	• Poll students to see if they take vitamins. Are they prescribed by a doctor? • Consider why a physician might prescribe vitamins as a kind of "health insurance" on the rationalization that "they can't hurt." Why might	• Food and Drug Administration Fact Sheet • Young, James Harvey, "The Medical Messiahs," Princeton University Press

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
• A well-balanced diet, selected from a wide variety of available foods, supplies all the vitamins most people need.	a patient feel better (psychologically at least) if he takes vitamins?	• "You and the Big Vitamin Battle," Look, June 1, 1971
• There are times when a vitamin supplement is needed for an adequate diet. Then, the physician should prescribe the needed supplement.	• Have students compare samples of literature promoting vitamin preparations.	• Pharmaceutical public relations material
• Vitamin products, when taken according to label directions, are not harmful. Normally, if a person takes more vitamins than he needs they are excreted or stored and not used, but overdoses of vitamins A and D can be harmful.		
• Use of vitamins in self-treatment of suspected disease is a dangerous procedure and may delay the patient seeing a physician when necessary.		• Martin, Marvin, "The Great Vitamin Mystery," National Dairy Council, Chicago, Ill. 60606
• Americans spend an estimated $400 million on vitamin products. Experts agree most of this expense is wasted.	• Ask a nutritionist to discuss some of the false assumptions about vitamins -- i.e., worn out soil affects nutritive value of foods, fresh foods are a better source of vitamins than processed ones, enriched foods (with minerals and vitamins added) are not as healthy as natural ones. All are untrue.	• "Vitamin Supplements and Their Correct Use," pamphlet, American Medical Association

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT AGENCY AND RULES GOVERN LABELING AND ADVERTISING OF VITAMINS AND MINERALS?		
. The Food and Drug Administration regulates the health claims that appear on the labels of over-the-counter drugs and vitamin products.		. Show "The Health Fraud Racket" — 20-min. 16 mm. color, sound film about medical and nutritional quackery. Available free from: Food and Drug Administration, 850 Third Ave., Brooklyn, N.Y. 11232
. The Federal Trade Commission regulates the advertising claims that appear in radio and TV commercials and in newspapers and magazines.		
. Manufacturers cannot claim vitamins replace food, restore youth, build muscles, cure serious diseases, or make other false statements.	. Check the labels of vitamin preparations. Are they in accord with Federal Trade Commission rulings?	
• The FDA and FTC report a disturbing amount of quackery involving false and misleading advertising claims for vitamin products.		• "The Docket" appears each month in Consumer Reports. It reports government action in consumer affairs.
WHAT ARE FOOD ADDITIVES?		
• Additives are substances added to foods to perform one or more specific functions.	• Read the list of ingredients for products such as dessert topping or artificial fruit drinks. How many of them are additives? What other foods contain additives? What foods don't?	• FDA Life Protection Series: "How Safe Is Our Food?" and "Additives in Our Food"
• About 3 pounds of the 1,400 pounds the average American eats annually are food additives.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
WHAT ARE ADDITIVES USED FOR?		
. to enhance flavor . to stabilize and thicken . to prevent spoilage . to make food look better (add color) . to make food hold together better (add texture) . to provide noncaloric sweeteners	. List some commonly used food additives and what they are used for. . Ask a science teacher to demonstrate identity tests for synthetic colors in foods. . Ask students to prepare a common food at home or in home economics class. What additives did they use?	. For information on audiovisual materials, write DCA Educational Products, Inc., 4865 Stenton Ave., Philadelphia, Pa. 19144. . FDA Science Project Series: "Identity of Artificial Color in Oranges" and "Identity of Synthetic Colors in Foods," publication #42 . New York Times, June 10, 1971
WHAT IS THE GRAS LIST?		
. The Gras list was prepared by scientists for the FDA to enable the agency to eliminate food hazards. • The list contains additives generally recognized as safe. They include salt, vinegar, etc. • Cyclamates were on the Gras list until 1969. New evidence linking cyclamates to cancer in laboratory animals led to their being banned. • Other additives on the list,such as saccharin, are now under review for safety. Some scientists say that	. Discuss whether food additives should be kept off the Gras list if there is a suspicion that they are harmful, or should proof be required? • Investigate cases of food additives that have proven unsafe. How can this danger be prevented? • Would students continue to use a product that was on the market but suspected of being harmful? Do they use saccharin?	. Turner, James S., "The Chemical Feast," Grossman Publishers, New York, N.Y. • "The Lessons Cyclamates Teach," Consumer Reports, January 1970 • "Our Daily Bread," Wall Street Journal January 13, 1971 • Consumer Reports, February and March 1960

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
saccharin causes cancer in laboratory animals. (The FDA has set limits on its use.)		
. A major review of additives on the Gras list has been undertaken by the FDA.		
WHAT RECOMMENDATIONS HAVE BEEN MADE FOR IMPROVING CONTROL OVER ADDITIVES?		
. Because it is often unknown how additives react in the body and to each other over a long period of time, consumer experts have asked the FDA to adopt a "need to add" principle. If there is no need for the substance, it should be left out.	. Debate the "need to add" principle vs. proven safety as an additive guideline. . Do pupils favor a periodic review of the Gras list?	
. FDA now evaluates data from tests done by manufacturers. A Federal test center with more stringent guidelines has been proposed.	. Discuss the ethics of manufacturers investigating the safety of their own products. Can they be fair? If not, should there be a Federal test center to make these tests?	
WHAT IS THE HISTORY OF FOOD ADDITIVE PROTECTION?		
. After the passage of the Pure Food and Drug Act in 1906, the government set up a voluntary system for testing colors added to foods and certifying their safety and purity.	. Discuss the changes in American life such as industrialization, food freezing, and canning that have made food protection too difficult to be dealt with on an individual basis.	. The FDA, FTC, and Department of Agriculture publish pamphlets and other material explaining their work. Most of these are available through the United States Government Printing

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The Food, Drug and Cosmetic Act of 1938 made it illegal to add any unsafe substance to food except where it could not be avoided, set safety limits, and made voluntary certification of food colors compulsory.	. Discuss whether food protection should be the job of the Federal, state, or local government, or all of them.	Office, Washington, D.C. 20402 . Young, James Harvey, "The Medical Messiahs," Consumers Union (Reprint)
. A 1954 amendment provided for safety limits for pesticide residues on or in raw foods after harvest. • In 1958 and 1960, additional amendments dealt directly with food additives. New rules required the manufacturer to prove the safety of additives and set maximum amounts permitted. No additive was to be used if it had been found to cause cancer in man or laboratory animals.	. Ask an agricultural extension agent to visit the class to talk about pesticide regulations for crops.	. Carson, Rachel, "Silent Spring" . Graham, Frank, "Since Silent Spring," Houghton-Mifflin Co.
• 1960 color additive amendments brought all color additives under jurisdiction of the law, required reevaluation, and set limits on amounts that could be used.	• Ask students whether they would buy oranges that were green - not artificially colored. Consider wh manufacturers use lor additives.	
• The FDA requires that the presence of any artificial flavoring or coloring (except in butter, cheese, or ice cream) or chemical preservative must be noted on the food package.	• Collect a variety of food packages. What types of additives are named? Are the labels useful to the consumer?	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
HOW DOES THE FDA ADMINISTER THE LAWS?		
. Before an additive can be used to improve a food product, it is subjected to toxicity studies by the manufacturer, and evaluated by the FDA. . Pesticides are subjected to toxicity studies by the manufacturer, and evaluated by the FDA. Their use must be approved by the Department of Agriculture.	. Investigate the role of the FDA and other Federal agencies in consumer protection. What are the agencies' responsibilities? How well are they carried out? What reforms should be instituted? What criticisms have been leveled at the agency? Are they valid?	. "FDA - Today and Tomorrow," a speech delivered by Dr. Charles C. Edwards at the Food and Drug Law Institute/ FDA Joint Educational Conference, December 10, 1970 . Margolis, Richard, "FDA: The Sugar-Coated, Polyunresponsive, Indigestible Placebo," The Washington Monthly, January 1971 . "Prescription for the FDA: A New Dose of Courage," Consumer Reports, August 1966 . "FTC Gets a Nader Needling," Business World, January 11, 1969
HOW IMPORTANT IS THE DRUG BUSINESS?		
. Total drug sales have risen from nearly $3 billion in 1957 to $5 billion in 1967 and $7 billion in 1970. . 95 percent of drug sales are made by 136 companies. . The elderly make up about 10 percent of our population and	. Check drug expenses of students' families. Estimate total annual expenditures. . What percentage of medical costs did drugs represent?	. "Report of Task Force on Prescription Drugs," United States Department of Health, Education, and Welfare

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
account for about 23 percent of prescription drug expenditures. Drug prices hit hardest at those who can least afford them.		. Drug trade publications, Pharmaceutical Mfrs. Assn., 1155 15th St. N.W., Washington, D.C. 20005
. Health insurance payment for drugs is limited, except in the case of hospitalized patients.		
WHAT ARE DRUGS?		
. Drugs are substances used to diagnose, treat, or prevent illness.	. List examples of drug use in diagnosis, treatment, or prevention of illness.	. "Young Scientists Look at Drugs," FDA Life Protection Series, and "First Facts About Drugs," FDA publication #21, both from United States Government Printing Office
. Drugs are substances (other than food) that affect the functions or structures of the body.		
. There are two general classes of drugs: over-the-counter drugs and prescription drugs.		
WHAT ARE OVER-THE-COUNTER DRUGS?		
. An over-the-counter drug is one that can be sold without a prescription.	. Ask students to check their medicine chests at home. Bring in a list of over-the-counter drugs used. Are their uses clearly labeled? How long have they been stored? (Most drugs deteriorate with time.)	. FDA Fact Sheet, U.S. Department of Health, Education, and Welfare, Washington, D.C.
. Over-the-counter drugs (sometimes called "patent medicines") are safe for most people if used according to the instructions on the label.		. "The Medicine Show," Consumers Union, Mt. Vernon, N.Y.

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Over-the-counter drugs may be used for minor illnesses that don't last for a long time.	. Ask students to find out what kinds of "patent medicines" their parents were given as children.	
	. What harm can come from the continued use of over-the-counter drugs?	
	. List the over-the-counter drugs that are useful to have in a home medicine chest.	. "How to Stock a Medicine Chest," The Medicine Show
ASPIRIN IS THE MOST COMMON OVER-THE-COUNTER DRUG SOLD. HOW DO YOU SHOP FOR THE BEST BUY?		
. Aspirin is sold as a remedy for aches, colds, and tension.	. Compare drugstore prices of different brands of plain and buffered aspirin.	. The Medicine Show
. It comes in a variety of forms, -- buffered and non-buffered.	. Compare costs of "house brands" and advertised brands.	. Masters, Dexter, "The Intelligent Buyer's Guide to Sellers"
. The only significant difference among the various brands is price, so buy the cheapest. Be sure that the label shows the letters, U.S.P. (United States Pharmacopoeia,) or N.F. (Natural Formulary).	. Cut out pain reliever ads. Analyze them. What emotions do they appeal to? Can they really perform as promised? Why do you think so?	. December 1962 Journal of the American Medical Association . Consumer Reports, November 1970
. Widely advertised brands are more expensive because the consumer pays not only the cost of the advertising but also the higher price that such advertising typically brings about in the market.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
COMMON COLD REMEDIES ARE WIDELY SOLD OVER-THE-COUNTER. HOW EFFECTIVE ARE THEY?		
. There is no proven cure for the common cold. . Some home remedies (such as bed rest) may be useful, but if a cold persists a physician should be consulted. . Antihistamines may cause drowsiness. . Antibiotics should only be used under medical supervision.	. Ask students, with the help of parents and grandparents, to list home remedies for the common cold, from camomile tea to Vitamin C.	The Medicine Show, February 1971
WHAT ARE THE DANGERS OF OVER-THE-COUNTER DRUGS?		
. Self-medication can be dangerous. Over-the-counter drugs may mask the presence of diseases that should be treated by a physician.	. Ask a doctor to discuss the dangers of self-medication.	. Local physician . FDA Fact Sheet, D6- "Self-Medication"
. In 1960, the American Medical Association estimated that Americans were wasting an average of $18 per month on medical and nutritional quackery. The former, used for self-medication, include over-the-counter cold remedies, laxatives, etc.	. Speculate on how inflation has affected the amount spent on self-medication from 1960 to 1970.	. American Medical Association Report, November 1960

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Advertisements for over-the-counter drugs promote a pill-popping and drug-oriented culture. They offer easy promises of magic remedies that turn sickness into health, unhappiness into joy.	. Analyze drug ads linguistically. What do phrases like "tired blood" really mean? List other meaningless phrases. . Ask students to "invent" an over-the-counter drug. For it, write a commercial, a testimonial, or slogan — for example, "Why not try our Pink Pills for Pale People?"	
. Some drug manufacturers advertise by sending free samples of drugs through the mail. This practice can be dangerous if the package is opened and sampled by young children who cannot read the instructions on the label.	. List samples of drugs received in the mail by students' families. . Ask the postmaster or a representative of the local post office to discuss that agency's role in consumer protection.	. "Beware of the Mailman Bearing Gifts," Consumer Reports, November 1968 . United States Postal Authority, Washington, D.C.
WHAT INFORMATION IS REQUIRED BY LAW ON OVER-THE-COUNTER DRUG LABELS?		
. The name of the product . The name and address of the manufacturer, packer, or distributor . Adequate directions for safe use for each of the purposes for which the drug is intended . Any cautions and warnings needed . The name of all active ingredients	. Have students bring to class some of the over-the-counter drugs that their family has in its medicine chest, then have students list the warnings of any of these drugs. Stress the importance of such warnings as "Do not exceed recommended dosage." . Look up the meanings of the symbols "U.S.P." or "N.F." which may appear on some labels.	. "The Medicine Show," Consumer Reports, April 1970

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The quantity of some ingredients . The name, quantity, and specific warning of any habit-forming drug in the product . The net contents of the package		
IS THERE A NEED TO ESTABLISH NONPRESCRIPTION DRUG CONTROLS? . Food and Drug Administration is planning to review the safety and effectiveness of 100,000 to 500,000 separate drug items sold without prescriptions (known as over-the-counter drugs or "patent" medicine). The drugs are those commonly used for self-treatment of minor ailments, such as cuts and scratches, sleeplessness, sunburn, asthma, and the common cold. The first category to be reviewed is antacids (taken to neutralize stomach acid associated with indigestion). . Because the nonprescription drugs may number half a million, they will be studied within product categories. FDA will name a panel of experts to make the antacid study and will name other individual panels to review the other	. Commissioner Edwards of the Food and Drug Administration has stated that a recent evaluation of 420 over-the-counter drugs by the National Academy of Sciences — National Research Council — found only 1 out of 4 such drugs effective. If this is true, what steps should be taken to protect consumers? Can consumers protect themselves? . In view of the large number of over-the-counter drugs (100,000-500,000) and the fact that new products appear frequently, what problems might the	. "The FDA is concerned that many present formulations do not have the claimed effectiveness, have inadequate instructions for effective use by the consumer or are promoted in deceptive and indefensible ways." Associated Press, Albany Times-Union, January 5, 1972 . Press release by Food and Drug Administration Commissioner Charles C. Edwards, January 4, 1972 . "The FDA agency said it will begin setting minimum standards for 26 classes of over-the-counter (OTC) drugs, which number between 100,000 and 500,000 and are sold in supermarkets and drugstores," Associated Press, Albany Times-Union, January 5, 1972

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
25 product categories. Each panel will evaluate ingredients, dosages, and conditions for use.	FDA have in attempting to protect consumers from unsafe, ineffective, or mislabeled drugs? . How do pupils account for the fact that if only 1 of 4 over-the-counter drugs is effective the public continues to buy such drugs in large quantities?	. "Edwards said the review program, which will take at least three years, represents a significant and unprecedented step toward health protection for the American public. It comes after an item-by-item review of 2,752 prescription drugs, begun in 1966. Almost 15 percent were found to be ineffective and 35 percent possibly effective which, in FDA parlance, means there is little evidence they work." Associated Press, Albany Times-Union, January 5, 1972
WHAT IS MEDICAL QUACKERY?		
. A medical quack is a person who makes false claims to medical knowledge, or who makes fraudulent claims of treatment or cure.	. Show films: "Misery Merchants" and "Quacks and Nostrums," available through local and State health departments.	. "Beware of Health Quacks," American Medical Association pamphlet
. Advertisements for popular products sometimes make false or exaggerated claims. When a manufacturer makes untrue or misleading claims deliberately and fraudulently, that is quackery.	. Have individual students prepare reports on some of our contemporary health quacks. . Ask students to list health quacks to whom their families have been exposed.	. "How to Recognize a Quack," Today's Health, February 1968 . Young, James Harvey, "The Medical Messiahs"

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The Bureau of Investigations of the American Medical Association investigates suspected quacks and maintains files on those organizations and persons it believes are encroaching on the legitimate practice of medicine.	. Make a bulletin board display of samples of health quack literature. Analyze misleading statements.	. Film: "The Health Fraud Racket," available from Food and Drug Administration, 850 Third Ave., Brooklyn, N.Y. 11232
CAN CONSUMERS TRUST THE CLAIMS MADE FOR MEDICINES IN NEWSPAPERS AND ON THE RADIO AND TV?		
. The Food and Drug Administration is responsible for the truth of advertising claims for prescription drugs addressed to medical practitioners. . The Federal Trade Commission regulates the claims made in the advertisements for over-the-counter drugs.	. Discuss the problem of division of authority among agencies with different methods and philosophy. How could the establishment of an independent consumer agency help alleviate the problem? Does such an agency exist today?	. Follow the monthly section "The Docket," Consumer Reports, for recent agency enforcement actions.
. The Federal Trade Commission exercises some control over radio and TV ads. Despite the regulatory activities of the FTC, it is wise for consumers to exercise a healthy skepticism about such advertisements, many of which may be deceptive.		
. In spite of enforcement efforts, many over-the-counter drug manufacturers make unsubstantiated advertising claims. Drug	. Watch the commercials on television for several hours, particularly about dinner time. Tape commercials. How many TV ads were there for	

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
ads making false claims should be reported to the responsible agency.	patent medicines? What appeals did they use? What claims did they make?	
. Effectiveness of many widely advertised drugs has been questioned. In some cases the drugs have been taken off the market.	. Collect magazine ads for over-the-counter drugs. Again, what appeals do these ads use? What claims do they make? Do the claims seem reasonable from a common sense point of view? Why do you think so?	. Current periodicals and newspapers
WHAT ARE PRESCRIPTION DRUGS?		
. When a drug can be used safely and effectively only under a physician's supervision, it can be sold only by prescription.		. FDA Fact Sheet, United States Department of Health, Education, and Welfare
. It is a Federal violation to sell such a drug without a prescription.		
. No one should take a drug prescribed for someone else, or for himself for a previous illness, without first consulting a physician.	. Discuss the dangers of one person (say, John) taking a drug that was prescribed for another person (say, Mary) in the same family. Note that John may not have the same illness as Mary had. Note also that because of the time that has gone by, the drug may have lost its potency.	
WHAT IS THE DIFFERENCE BETWEEN BRAND NAME AND GENERIC NAME DRUGS?		
. A generic name is the official name for a drug. It does not have		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
a trademark. Products with the same generic name should have the same chemical composition and should produce the same biological and clinical therapeutic effects.		
. A brand name is the registered trademarked name given to a specific drug by the manufacturer.	. List some well-known brand name drugs. Why are the brand names usually shorter and easier to remember than generic names?	. Burack, Richard, M.D., "Handbook of Prescription Drugs," Pantheon Books
. It is usually (not always) cheaper to buy drugs by their generic name. Unless your doctor has a reason not to do so, ask him to specify a drug by its generic name in writing a prescription.	. Conduct a poll among doctors in the community. Do they prescribe by brand or by generic name? Try to find out why.	. Consumer Reports, July 1960
. Generic and brand name drugs must meet the same standards for safety and effectiveness. Evidence indicates that neither brand name nor price bear a consistent relationship to quality.	. At a local pharmacy, compare the retail prices of the same drug (a) when it is prescribed by brand name and (b) when it is prescribed by generic name. Ask the pharmacist why the price difference exists.	. The American Pharmaceutical Association has come out in favor of letting a pharmacist substitute a generic name in place of a brand name drug that a physician may prescribe. Four states are considering legislation to permit such substitution: New York, California, Massachusetts, and Pennsylvania. Two areas already permit such substitution: Alaska and the District of Columbia.
WHY ARE DRUGS AS EXPENSIVE AS THEY ARE, WITH COSTS STILL RISING?		
. The patient who pays for the drug rarely exercises a choice. The decision is usually made by the physician.		. "Seven out of ten physicians prescribe a brand name drug made by a company in which they have faith. This is often the most costly of several chemically similar or even

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. The physician himself rarely knows the price of the drugs he prescribes. Drug advertising rarely mentions price.	. Examine consumer drug ads. Do they quote the price?	identical drugs which are available at much lower prices. "The average physician probably uses only 60 or 70 of those 7,000 (drugs available,) because his priorities are the complete safety of the patient, and his clinical knowledge of the efficiency of the drug which will make that patient well. Price does not enter into his judgment." Gulich, William, "The Physician's Guide to Prescription Prices" quoted in the Albany Times Union, December 28, 1971 (Hearst Headline Service)
. Drug companies pay for expensive promotions aimed at physicians. (Drug companies spend an estimated $3,000 per practicing physician in advertising costs.) The consumer pays for this promotion of the product.	. Ask physicians for some of the drug literature they receive in the mail or from detail men, the "door-to-door" salesmen for prescription drug manufacturers who call in person on medical doctors.	
. Research costs have led to the development of many new products to fight disease.	. Examine magazines for drug advertising aimed at doctors.	
. Wasteful research creates drugs which duplicate those already on the market ("me too" drugs) and unnecessary combinations of drugs.	. Arrange a bulletin board display of some of the ads under the heading, "You pay for this when you buy drugs."	
. Hospitals get discounts that are not necessarily reflected in lower drug costs for patients.	. Investigate the Panalba case in connection with the problem of drug combinations.	. Consumer Reports, July 1970
. High profits in the drug industry are a factor in drug costs.	. Conduct a panel discussion with parents, pupils, medical, and pharmaceutical representatives. What solutions are proposed for the high cost of drugs?	. Trade press
. Drug patents keep small companies out of business, stifle competition.		

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
. Prescriptions written by some doctors under the pressure of time or at the insistence of the patient can lead to excessive use of drugs, use of costly combinations of drugs, brand name instead of generic name prescriptions, too much reliance on promotional materials.	. Ask a pharmacist to discuss with the class the pharmacist's role in filling prescriptions. What remedies does he suggest for the problem of high drug costs?	. Local pharmacist . Report of Task Force on Prescription Drugs
WHAT IS THE HISTORY OF FEDERAL DRUG PROTECTION?		
. The Food and Drug Act of 1906 aimed at protecting the consumer against possible harmful effects from foods and drugs, but it made no provision for testing prior to sale. The government had to wait until the damage was done. The aim was to prevent manufacture, sale, or transportation of adulterated, misbranded, poisonous, or otherwise harmful foods and drugs and to prohibit the labeling of medicines with false and fraudulent claims.	. Debate: In dealing with crime, a person is judged innocent until proven guilty. Should the same principle apply to possible harmful effects of drug use, or should manufacturers be required to prove the safety of their products before they can be sold?	. Young, James Harvey, "The Medical Messiahs"
. The Federal Food, Drug, and Cosmetic Act (1938) required government clearance for safety of new drugs prior to marketing. Clearance was based on experimental and clinical data provided by the manufacturer. The clearance was confined	. Discuss whose responsibility it is to insure safe and effective drugs: the government? the drug manufacturer? the physician? . Invite a representative from your regional FDA to discuss drug protection.	. "The Medical Messiahs" . "Drug Safety," Consumer Reports, March 1963 . "Toward Safer Drugs," Consumer Reports, October 1962

UNDERSTANDINGS	SUGGESTED PUPIL AND TEACHER ACTIVITIES	SOURCE
to safety. There was no requirement of proof the drug could do what the manufacturer claimed.		
. The Kefauver-Harris amendments (1962) required that all new drugs be effective as well as safe, as treatment for the ailment for which they were designed. It provided that drugs marketed between 1938 and 1962 were to be evaluated for effectiveness.	. Discuss whether people should be allowed to continue taking drugs which are safe but ineffective. . Consider whether a doctor should keep a patient with an incurable disease on a drug if the patient has faith in it.	. "The Medical Messiahs" . "A Sacred Trust" . "Piggyback Antibiotics," Consumer Reports, July 1970 . List of ineffective drugs available from FDA
. At the end of November 1970, the FDA released a list of about 350 drugs that were judged ineffective. Some have been withdrawn from the market but other drug manufacturers are contesting the decision.		
. Many old drugs have still not been tested for efficacy.		. Wall Street Journal, April 8 and May 10, 1971
. There are now several new proposals for drug legislation.	. Keep a scrapbook of new proposals and news stories dealing with drug legislation. . Show the film: "A Reason for Confidence," about the FDA, available on free short-term loan from National Medical Audiovisual Center, Station K, Atlanta, Georgia 30334.	. Current periodicals

Stretching Your Health Dollar

The following material was prepared by
Mildred B. Shapiro, director, Bureau of Economic Analysis,
New York State Department of Health

The best way to stretch your health dollar is not to get sick. However, we do not have a choice when it comes to health, and as we get older, we become subject to chronic and debilitating diseases. As soon as we seek relief from physical pain, we too often experience financial distress.

If you have heard a rumor that hospital and medical costs in the United States are extremely high, let me assure you that this rumor is not just hearsay, but an unfortunate fact of life.

In the past 20 years, hospital costs alone have increased 400 percent. What are some of the ways in which you can save on health costs? Following are 10 guidelines:

1. Have a family doctor who has privileges at a good hospital and who maintains a permanent record of your medical history. This will help you to avoid duplicating costly diagnostic tests, such as laboratory and X-ray examinations.
2. Have an annual physical checkup so that preventive measures can be taken to avoid costly medical emergencies later on.
3. Do not be embarrassed about discussing fees with your family physician. If you are covered by Medicare, ask your physician if he will accept assignment. This means that he will accept the fee considered to be reasonable by the Fiscal Intermediary which would be either Blue Shield, GHI, or Metropolitan Life Insurance in the State of New York. If your physician refuses to accept assignment, he can charge you as much as he wants, and you will be obligated to pay not only 20 percent of the fee considered reasonable, but 100 percent of the fee beyond that level.
4. Save house calls for major emergencies. House calls are more expensive, and you cannot get as good an examination at home as you can in the office.
5. Don't be afraid to use the telephone to discuss minor complaints with your physician. An office visit sometimes is not necessary.
6. If you buy health insurance to either supplement Medicare, or if you are too young to be covered by Medicare and wish to purchase comprehensive health insurance, read all the clauses in your policy very carefully. Some policies do not pay for the first few days of hospitalization; others have very low allowances for surgery; others exclude preexisting conditions for several years. Don't be misled by advertising which promises huge dollar amounts. A hundred dollars a week may sound tempting while you are hospitalized, but when you realize that the average cost of a hospital day in New York State today is $100, then a hundred dollars per week no longer seems attractive.

7. Take advantage of free or low cost health services which are offered in your community. Some local Health Departments offer chest X-rays at no charge, and sometimes glaucoma testing, immunizations, screening for diabetes and other diseases.

8. Be sure to take all your allowable tax deductions for doctor bills, hospital bills, and drug costs beyond a specified percentage of your income, including transportation for medical care.

9. Another method of saving on health expenses is to avoid self-medication. Many people try to diagnose and treat their own illness with drugs proven to be ineffective. One adviser to the Food and Drug Administration, Dr. William T. Beaver, has stated that all those claims for nonprescription pills to cheer you up, help you sleep, and cure your cold, "just cannot be believed." The amount of drug you get in an over-the-counter preparation is too weak to do anything for you. The companies want to avoid getting in trouble with the FDA on safety, so "they keep the dose so low, it's ineffective." There is more caffeine in a quarter cup of coffee than in most pills that contain this ingredient as a "depression-lifter." People seem to expect that there is a wonder drug for every ache and pain, real or imaginary. Unlike prescription drugs, over-the-counter drugs are not regulated by any agency, unless they prove to be dangerous, or are mislabeled and make false claims.

10. If you are on a maintenance drug, you might save considerable money if you would ask your physician to prescribe larger quantities at a time and then have your prescription filled at a drugstore which charges a professional fee rather than a markup.